

HEADQUARTERS
UNITED STATES EUROPEAN COMMAND
UNIT 30400, BOX 1000
APO AE 09128-4209

DIRECTIVE
NUMBER 67-11

8 July 2000

HEALTH SERVICE SUPPORT

MEDFLAG and MEDCEUR Exercise Program

1. **Summary.** This directive establishes policy, delineates responsibilities and provides guidance and procedures concerning the execution of joint medical exercises sponsored by the United States European Command (USEUCOM). MEDFLAGs and MEDCEURs are the primary joint medical exercises that USEUCOM oversees.

2. **Applicability.** USEUCOM Directive 67-11 is applicable to all commands, organizations and augmentees (Reserve and National Guard) in the USEUCOM area of responsibility.

3. **Internal Control Systems.** This directive is not subject to requirements in AR 11-2, Internal Management Control.

4. **Suggested Improvements.** Headquarters, United States European Command, ECJ4-Medical Readiness (MR) Division, is the proponent for this directive. All suggestions, corrections or comments should be sent to: HQ USEUCOM, ATTN: ECJ4-MR, Unit 30400, Box 1000, APO AE 09128.

5. **References.**

a. EUCOM Directive (ED) 55-29, USEUCOM Joint Training and Exercise Program, 14 December 1998.

b. EUCOM Directive (ED) 67-5, USEUCOM Crisis Support, 22 March 2000.

c. Joint Publication 1-03.30, Joint After Action Reporting System, 11 July 1997.

d. CJCSI 3500.01B, Joint Training Policy for the Armed Forces of the United States, 31 December 1999

e. CJCSM 3500.04B, Universal Joint Task List, Version 4.0, 1 October 1999.

f. Title 10 - U.S. Code

6. **Universal Joint Task List (UJTL).** The UJTL is a list of joint tasks developed without regard for specified or implied missions. It is an interoperability tool that provides a common frame of

reference when communicating missions to subordinate and supporting commands. It assists trainers and planners to understand and integrate joint operations. The UJTL is divided into four parts: Strategic National (SN), Strategic Theater (ST), Operational (OP), and Tactical (TA). These sections correspond to different levels of command: SN - Department of Defense and Joint Staff, ST - USEUCOM (Unified Command), OP - USEUCOM component commands, and TA - Major Subordinate Commands (MSC) to the component commands. As required by reference E., commanders use the UJTL to develop their Joint Mission Essential Task List (JMETL) which is specific for their exercise. See Appendix A.

7. **Tenets of Joint Training**. USCINCEUR must ensure that assigned forces meet his theater engagement strategy and operational objectives. Success depends on well-integrated forces that fight as a team. The following tenets are intended to guide commanders in developing their training programs:

- a. Use Joint Doctrine
- b. Commanders are the primary trainers
- c. Mission focus
- d. Train the way you intend to fight
- e. Centralize planning, decentralize execution

8. **Joint Training Plan**. The USEUCOM Joint Training Plan (JTP) extends three (3) years to address exercises and training objectives, funding requirements and assign exercises to Components. This document is updated annually and serves to communicate USCINCEUR's joint training guidance to subordinate and supporting commands.

9. **Host Country Selection Process**. During the prior fiscal year, the country is selected by a working group with representation from USEUCOM Directorates (ECJ5 and ECJ37), Components, Joint Staff, Department of Defense (DOD) and Department of State (DOS). The working group selects countries based on Theater Engagement Plan priorities derived from the Regional Working Groups, Country Team Plan and the USEUCOM's engagement strategies described in the Country and Regional Campaign Plan.

10. **MEDFLAGs**. At the direction of the Joint Chiefs of Staff (JCS), the United States European Command (USEUCOM) has organized and executed military medical exercises in Africa, known as MEDFLAGs, since the 1980's. MEDFLAGs are joint and combined military exercises that support the CINC's engagement strategy wherein USEUCOM components send medical teams to African countries. The primary focus for these exercises is to provide training and operational experience to U.S. personnel. All training and medical support to the Host Country remains secondary and is considered a collateral benefit. The MEDFLAG teams historically have varied between 30 and 80 personnel. The teams normally conduct a three-phase exercise lasting approximately ten days. The traditional MEDFLAG template includes: 1) training for mass casualties or disasters; 2) simulated mass casualty / crisis response exercise; and 3) Medical Civic Assistance Programs (MEDCAPs).

The basic template provides a framework in which commanders may tailor the exercise to meet the training objectives of the Lead Unit and Host Country's needs.

a. MEDFLAG Training Objectives for U.S. Joint Medical Team.

- (1) Deploy/redeploy a U.S. Joint medical Task Force (i.e. Crisis Response Team).
- (2) Exercise long / short range deployment planning and execution of Joint medical Task Force to accomplish specific medical tasks listed in the UJTL and unit's JMETL.
- (3) Exercise with other countries in area of mutual medical interest
- (4) Enhance interoperability in combined and joint operations

b. Responsibilities. It is important to note that since these are medical exercises, close coordination must be maintained between the various Command Surgeon's Offices and their corresponding Component Exercise Offices. This relationship must be maintained at each echelon to ensure the exercises are successful and that medical training objectives are met.

(1) ECJ4-MR.

(a) Assigns an Action Office to oversee and monitor the development of the MEDFLAG exercise.

(b) Makes initial contact with the U.S. Embassy in Host Country. Recommend that the AO contact the Defense Attaché (DATT), but may also contact the embassy's Deputy Chief of Missions (DCM). The goal of the initial contact is to identify points of contact (POC) and start educating the embassy staff on the MEDFLAG concept. Ensures that the U.S. Embassy invites Host Country agencies (i.e. Ministry of Health, Interior, ...), military officials, NGOs and PVOs to meet with the site survey team during the IPC.

(c) Makes initial contact with the Lead Component medical POC to help identify the objectives of the exercise.

(d) Works in conjunction with ECJ37 to develop the Exercise Directive (EXDIR) message. The EXDIR message serves as the base document for the exercise. It identifies the Lead Component, Lead Unit, Mission Commander, their responsibilities and authority. It also specifies exercise objectives, JMETL Tasks to be trained on, the MASCAL scenario and the exercise AAR requirements. See Appendix B for an example of a MEDFLAG EXDIR message.

(e) Ensures that Lead Component forward funding requirements to the appropriate USEUCOM Directorates.

(f) Coordinates personnel and equipment shortfall requirements to the other USEUCOM components to fill. Coordinates special activity involvement such as Civil Affairs or Special Ops.

(g) Invites medical guests from selected countries after coordinating with the Host Country. Past invitees have included: France, England, Germany, Belgium and South Africa. Each country is invited to send one (1) medical person to participate in MEDFLAG exercise. Travel expenses are the invited country's responsibility. Provide names of invited guests to Lead Component.

(h) Works in conjunction with ECJ37 to develop the Significant Military Exercise Brief (SMEB) which is developed late in the planning cycle (usually after the final planning conference). The SMEB is due to the Joint Staff NLT seven (7) weeks prior to the exercise execution.

(i) Will normally attend Initial Planning Conference / Site Survey and the Main Planning Conference to aid Component planners in forming the exercise framework.

(j) Works in conjunction with ECJ4-ID/HA to identify and develop consumable medical material necessary to support MEDCAP phase of exercise. This information will be incorporated into USCINCEUR's annual Humanitarian/Civic Assistance (HCA) nominations to JCS for inter-agency approval.

(2) ECJ37.

(a) Oversees the EUCOM Exercise program.

(b) Coordinates with ECJ4-MR for MEDFLAG exercises.

(c) MIPRs 10USC2010/Developing Country Combined Exercise Program (DCCEP) funds to the U.S. embassy in the Host Country.

(d) Releases coordinated MEDFLAG Exercise Directive (EXDIR) message with ECJ4-MR.

(e) Provides JOPES guidance to Lead Component / Lead Unit.

(f) Authorizes expenditure of exercise funds allocated by JCS for airlift and sealift support controlled by the Joint Staff.

(g) Determines the need for and releases the coordinated MEDFLAG SMEB with ECJ4-MR.

(h) Validates TPFDD to USTRANSCOM IAW established strategic lift milestones.

(i) In coordination with Lead Component, establishes exercise planning, coordination and exercise milestones.

(3) ECJ4-ID/HA.

(a) Requests HCA program approval and funding as required for each exercise. Assists in reviewing / validating projects and circumstances to ensure the proper use of HCA funding.

(b) MIPRs HCA funds to lead units to purchase supplies related to and consumed during the MEDCAP phase of the exercise.

(4) Component Command.

- (a) Responsible for planning, organizing, conducting and reporting of the exercise.
- (b) In coordination with ECJ37, establishes planning, coordination and execution milestones.
- (c) Selects Component AO/planner(s).
- (d) Provides forces and staff to participate in exercise. Selects Lead Unit and Mission Commander.
- (e) Ensures that the Lead Unit orders all of the HCA supplies.
- (f) Ensures that the team composition is "Joint." Submits personnel and equipment shortfalls to ECJ37 and ECJ4-MR.
- (g) Prepares and submits all authorized funding requirements to USEUCOM. This does not include any purchases that are covered using Joint Staff Incremental Exercise Funds. This incremental funding is part of the Service's Program Objective Memorandum (POM) process. These funds are a Component responsibility. See Section G: Funding.
- (h) Responsible for development of Exercise OPORD
- (i) Reviews and validates all TPFDD airlift and sealift requirements to USEUCOM IAW established strategic lift milestones.
- (j) Develops pre-deployment message to units and individuals with funding and airlift information.
- (k) Requests country clearances for all exercise team members from the U.S. embassy in Host Country.
- (l) Responsible for life support for all exercise team members once deployment begins. This includes feeding and sheltering. Unit Operations and Maintenance funding will be used for these requirements for all phases of the exercise. Executed by Exercise Mission Commander.
- (m) Reviews After-Action Reports and forwards to ECJ37, ECJ4-ID/HA and ECJ4-MR.

(5) Lead Unit.

- (a) Plans exercise details, develops exercise objectives and identification of training JMETS. Executes MEDFLAG exercise.

- (b) Selects key planners and leaders to direct major sections of the exercise.
 - (c) Selects Site Survey Team members.
 - (d) Submits personnel and equipment shortfalls to Component Command.
 - (e) Orders all supplies related to and consumed during the MEDCAP phase of the exercise.
 - (f) Ensures joint training of deploying forces with emphasis on joint training and doctrine, joint operation procedures and interoperability among the Services. Training must be tailored to the tasks listed in the JMETL.
 - (g) Develops and submits level IV TPFDD airlift and sealift requirements to Lead Component IAW established strategic lift milestones.
 - (h) Works with Component Command to develop Exercise OPORD. Copy must be submitted to USEUCOM (ECJ37 and ECJ4-MR) NLT one (1) month prior to the exercise.
 - (i) Prepares individual TDY orders. Make commercial flight reservations for individuals identified as being on the Commercial Ticket Program (CTP).
 - (j) Prepares After-Action Reports and forwards to Lead Component.
 - (k) Prepares the Exercise Support Plan and Deployment handbooks. A sample deployment handbook is located at Appendix D. In addition to exercise CONOPS, the Exercise Support plan must cover such items as real-world force protection, preventive medicine, communication and casualty evacuation.
- (6) USTRANSCOM.
- (a) Reviews validated TPFDD.
 - (b) Oversees Commercial Ticket Program (CTP), if required.
- c. Planning Conferences / Site Surveys. Generally, components conduct anywhere from one (1) to three (3) planning conferences. These are usually the Initial Planning Conference (IPC) / Site Survey, the Middle Planning Conference (MPC) and the Final Planning Conference (FPC). At a minimum, one of the planning conferences should be held in the Host Country with a focus on a site survey and meeting with U.S. embassy, Host Country military and civil officials, in-country Private Volunteer Organizations (PVOs) and in-country Non-Government Organizations (NGOs). TDY expenses for the site survey, and any follow-up visits, are the responsibility of the Lead Component. At the Lead Components' discretion, they may invite Host Country medical personnel to participate in one of the planning conferences outside the Host Country.

(1) IPC / Site Survey. The site survey usually serves as the Initial Planning Conference (IPC). During the site-survey, a six (6) to eight (8) member team works with the Embassy Staff, Host Country military and civil officials, PVOs and NGOs to determine the composition of the exercise. The team that deploys to the Host Country for the site survey is composed of key representatives from USEUCOM, the Component and lead unit. The team typically is comprised of a USEUCOM Surgeon representative, Component Surgeon representative, exercise Mission Commander, and representatives from the lead unit operations, logistics and Preventive Medicine sections. Budgetary constraints should be considered when planning the number of conference attendees. The site survey usually is scheduled for one week with the goal of determining exercise dates, responsibilities, training syllabus, location and scenario for the mass casualty, scope and locations of medical care to be provided (MEDCAPs), location of the "base camp", transportation and force protection, and other special in-country issues. See Appendix C for an example of a MEDFLAG Checklist.

(2) Main and Final Planning Conferences. According to ED 55-29, the Main Planning Conference finalizes the draft planning documents from the IPC. The exercise Director usually approves these plans, the Operation Plan/Order, and (if he has not already done so) the Exercise Directive. At the MPC, the exercise milestones are updated, and manning requirements for the exercise are finalized. Depending upon the time between the site survey and exercise, the lead unit may wish to send a small team to the Host Country approximately four weeks before the exercise. The purpose would be to re-visit the MEDCAP sites and re-confirm the MEDCAP plan with the Host Country officials and village leaders. Historically, this type of visit confirms that the villages are still expecting the team's arrival and ensures a good turn-out.

d. MEDFLAG Exercise Phases. There are traditionally three (3) phases to a MEDFLAG exercise: Mass Casualty Interoperability Training / Medical Didactics, Mass Casualty Exercise and the Medical Civic Assistance Program (MEDCAPs). Generally, these phases run sequentially. However, planners may overlap phases depending upon the exercise development.

(1) Mass Casualty Interoperability Training and Didactic Training (Phase I): The MEDFLAG team is specially selected to provide interoperability and familiarization training to host nation and other foreign personnel necessary to enable them to effectively and safely participate in combined disaster/mass casualty phase of the exercise. The specific training schedule varies from country to country depending on the specific needs identified during the site-survey. In general, two (2) to three (3) full days of interoperability training are scheduled. Training sessions generally accommodate an audience of 25 to 50 nurses, doctors, midwives, dentists, advanced paramedics, and other students with a firm medical background. The following is a list of classes that may be offered, but is not inclusive.

- (a) Basic Life Saver Instructor
- (b) Emergency Medical Technician
- (c) Cardio-Pulmonary Resuscitation Instructor
- (d) Trauma Life Support

- (e) Emergency Preparedness / Disaster Response Seminar
- (f) Emergency Room Triage
- (g) Anesthesia Seminar
- (h) Moulage
- (i) Women's Health Seminar
- (j) Preventive Medicine
- (k) HIV and AIDS Prevention
- (l) Combat Stress

(2) Mass Casualty/Crisis Response Exercise (Phase II): This phase of the MEDFLAG exercise consists of a mass casualty or crisis response exercise. This phase is conducted bilaterally. U.S. and Host Country participants (including NGOs, PVOs, civil authorities and military personnel) work together in response to a simulated crisis. The mass casualty / crisis response exercise usually includes fire, military, and police response, transportation to the appropriate medical facilities, and simulated surgical intervention. Optimally, this should be a combined exercise with both U.S. and Host Country participants so that both sides learn from each other. The exercise is then evaluated and critiqued by members of the Host Country and U.S. medical team. This process enhances interoperability and ensures that the U.S. medical personnel gain a wealth of experience and a better understanding of the potential problems that may stem from working with other nations in an emergency situation. Additionally, this reinforces the CINC's engagement strategy and has the collateral benefit stimulating ongoing mass casualty exercises within the country after the U.S. team departs. The following is a list of typical scenarios that can be used:

- (a) Train wreck
- (b) Soccer stadium grandstand collapse
- (c) Mud and landslides
- (d) Earthquake
- (e) Flood
- (f) Volcano eruption
- (g) Plane crash

(3) MEDCAPs (Phase III): The third and final phase of the MEDFLAG exercise is a series of HCA funded remote health clinics for the indigenous population (MEDCAPs). Team members provide health care alongside their African colleagues, in the form of isolated daily clinics. Generally

the care at MEDCAPs includes general medical, immunizations, dental, pediatric, surgical consultation, dermatology, optometry, or other predesignated care. The immunization program is conducted in accordance with the World Health Organization Expanded Program on Immunizations (WHO/EPI) and is based on the needs expressed by the Host Nation. Approximately 6-12 MEDCAPs can be accomplished during the MEDFLAG. A MEDCAP can accommodate very large numbers of patients and immunizations. The following is a list of immunizations commonly administered to local personnel:

- (a) Diphtheria
- (b) Typhoid
- (c) Measles
- (d) Rubella
- (e) Polio
- (f) Tetanus
- (g) Yellow Fever
- (h) Mumps
- (i) Meningitis

**** NOTE:** It is better to avoid vaccines that require a series of inoculations unless it can be assured that the Host Country can complete the required series.

e. Personnel. Medical planners must ensure that the composition of the team is “Joint.” Any deviation from the Joint concept must be approved in the early planning stages by USEUCOM. The total team is generally capped at eighty (80) personnel with personnel qualifications varying based on the mission. The joint medical task force may be built around an established unit, such as a Crisis Response Team, or a uniquely tailored team to meet the established exercise training objectives. Qualified team members provide interoperability training in addition to participating in the MEDCAPs. As an additional planning factor, the team must be self-sustaining for many functions to include food, supply, communications, shelter and field equipment. Exact details will be determined during the site survey and meetings with the Host Country. Common specialties to consider when building the MEDFLAG team include:

- (1) Preventive Medicine / Environmental Science, Public Health and Bio-environmental Engineer personnel
- (2) Dentists and dental technicians
- (3) Optometrists and technicians

- (4) Veterinarians and technicians
 - (5) Physicians (surgery, anesthesia, family practice, internal medicine, emergency medicine, public health, pediatrics, OB/GYN)
 - (6) Pharmacist and technician
 - (7) Nurses (surgery, emergency medicine, public/community health, pediatrics, OB/GYN, internal medicine)
 - (8) Laboratory technician
 - (9) Base Support personnel (administration, engineer/electrician, generator operators, logisticians, cooks, Force Protection/Security liaisons)
 - (10) Civil Affairs for possible establishment of CMOC (coordinated by USEUCOM).
 - (11) Medical Operations Officers / Planners
 - (12) Contracting officer/representative
 - (13) First Sergeant / Systems personnel
- f. Command and Control.

(1) USEUCOM is the scheduling and sponsoring command for U.S. participants. The Lead Component will designate the Lead Unit for the exercise. Other Component Commands will provide additional personnel as needed to meet exercise requirements. Normally, this is done by filling shortfalls. ECJ4-MR will validate the recommended joint composition of each team. All issues that the Mission Commander needs assistance resolving will be forwarded through the proper chain of command for coordination and action.

(2.) The Lead Component will designate the U.S. Mission Commander who will have Tactical Control (TACON) over the deployed U.S. team for the duration of the exercise. During the exercise execution, the Mission Commander will also be the key spokesperson for the U.S. team when dealing with Host Country officials and U.S. embassy representatives.

g. Funding.

(1) USC Title 10, Section 401 Funds: Subject to inter-agency approval processes, provides funding to procure consumable medical/dental/veterinary supplies such as medications, vaccines, needles, syringes, etc., for use in the MEDCAP phase of the exercise. These funds cannot be used for non-consumable/durable supplies and assistance activities conducted with these supplies must benefit the local civilian population. Funds may also be used for rudimentary construction and repair of public facilities, well drilling and construction of basic sanitation facilities. Generally, these funds cannot be used to provide services and/or improvements to a Host Country government/military facility. Supplies and material purchased with HCA funds must be used by U.S. Forces conducting the assistance activity.

(2) USC Title 10, Section 2010 Funds: This is an Army O&M fund source called “Developing Country Combined Exercise Program (DCCEP)” funds. Provides potential funding to pay the reasonable and proper costs of goods and services that are consumed by a developing country as a direct result of the country’s participation in the exercise. Incremental expenses include rations (food), fuel, and transportation. In the context of MEDFLAGs, incremental expenses also include the medical/dental/veterinary supplies that are consumed in the course of interoperability training and the mass casualty/crisis response exercise. DCCEP funds do not include pay, allowances, and other normal costs of Host Country personnel. These funds are not for U.S. forces expenses or facility repairs / construction projects.

(3) Joint Chiefs of Staff Strategic Lift Funds: Provides funds to pay for stratlift of team, supplies, and equipment from home station to exercise and return.

(4.) Joint Staff Incremental Exercise Expenses: Provides funding to components via the Services’ O&M funds to offset the component’s costs in conducting exercises, includes TDYs (site survey and ADVON), per diem for U.S. troops (field rations, MREs), supplies and equipment for training. Component funding levels are determined during the Services’ POM cycle. Once allocated to the Service’s current year budget, funds generally can not be transferred from one component to another.

(5.) Exercise-Related Construction (ERC) Funds: Provides some funding to pay for Host Country facility repairs or construction. Individual project requests must have Congressional approval and are coordinated through ECJ37 and ECJ4-EN. Use of ERC funds also requires the implementation of a base access or base rights agreement.

(6) Overseas Humanitarian, Disaster and Civic Aid (OHDACA) Funds: These funds may be available for projects not meeting the criteria for HCA/10USC401 authority or ERC funds. Assistance projects qualifying for OHDACA funding must be completed as succinct events that are unrelated to the exercise.

h. Key Points in the Planning Time Lines. A typical exercise planning cycle requires eighteen (18) to twenty-four (24) months. The absolute minimum planning time is eighteen (18) months. Any time less can easily result in poor outcomes for the exercise.

(1) Deconfliction Conference. This is a USEUCOM sponsored conference where Components Exercise representatives and other organizations are invited to deconflict resources for USEUCOM and Joint Staff directed exercises. ECJ37 is the lead office for these conferences but medical and exercise representation from the Components and USEUCOM is necessary to provide the medical framework for shaping these types of exercises. These conferences are generally held twice a year. During the Deconfliction Conference, Component responsibilities for each exercise (including MEDCEURs and MEDFLAGs) are decided.

(2) Pre-Site Survey Period. ECJ4-MR contacts the U.S. embassy staff / DATT in the Host Country to make initial contacts, discuss MEDFLAG concept and establish a date for a site survey. Often, the embassy staff or DATT will request six (6) to eight (8) weeks lead time between initial contact and the site survey. Request that the DATT or embassy POC ensures that Host Country

military and civil officials, PVOs and NGOs can meet with the survey team during their visit. The team should also determine Preventive Medicine and passport/visa requirements prior to the visit.

(3) Site Survey / IPC. The site survey usually requires one week. One of the key issues to determine is the actual exercise date. Planners should allow a minimum of six (6) months between site survey and exercise. Requirements for consumable material to be purchased with HCA funding should be reported to ECJ4-ID/HA as soon as they are determined from the embassy staff.

(4) Exercise Directive (EXDIR) Message. This message is normally released after the MPC.

(5) TPFDD Validation. USEUCOM must validate sealift TPFDDs for deployment/redeployment to USTRANSCOM **NLT T-100** and airlift **TPFDDs NLT T-60**. T-day is the first day of the month in which an exercise executes. Component Commands will review and validate TPFDDs to USEUCOM **NLT T-110** (Sealift) and **T-70** (Airlift).

(6) Guest Country Invitations. After consultation with the Host Country, ECJ4-MR sends invitations to Guest Countries **NLT four (4) months** prior to the exercise. Allow the countries eight (8) to ten (10) weeks to respond. The goal is to have the person(s) identified and contacted **NLT four (4) weeks** prior to the exercise.

(7) Exercise Operation Order (OPORD). The Lead Unit, in conjunction with the Component, develops and releases an exercise OPORD **NLT one (1) month** prior to the exercise.

(8) Country Clearance Message. The Lead Component releases the Country Clearance Message **IAW the Foreign Travel Guide**.

(9) Advance Team (ADVON). ADVON are authorized and should be tailored to the needs of the exercise and the Host Country. ADVONs usually deploy about one (1) week prior to the main body arrival and exercise execution. However, Lead Component should be mindful of the associated costs and support requirements.

(10) MEDFLAG After Action Report (AAR). The Lead Unit will compile all exercise unit AAR inputs into a final AAR for submission to the Lead Component for review and action. The Lead Component will forward the AAR to USEUCOM ECJ37 and ECJ4-MR (ECJ4-ID/HA if HCA funds are used) **NLT thirty (30) days after the completion of the exercise**. Lessons Learned report will be in JULLS format. Mission Commander will submit Lessons Learned to USEUCOM (ECJ37 and ECJ4-MR) **NLT sixty (60) days after the completion of the exercise**.

11. MEDCEURs. MEDCEURs are "In the Spirit of" Partnership for Peace (PfP) JCS sponsored regional/multilateral exercises in Central and Eastern Europe that support the CINC's engagement strategy. The United States European Command (USEUCOM) schedules the MEDCEUR exercises and designates a Component Command to conduct the exercise. The primary focus for these exercises is to provide training and operational experience to U.S. personnel. It also validates the readiness status of the Component Crisis Response / Surgical Response Teams that rotate on theater alert as outlined in reference B. All interoperability training and medical support to the Host Country remains secondary and is considered a collateral benefit. Often, MEDCEUR exercises are combined with other military exercises. The basic template provides a framework in which commanders may

tailor the exercise to meet the training objectives of the Lead Unit and Host Country's needs.

a. MEDCEUR Training Objectives for U.S. Joint Medical Team.

- (1) Deploy/redeploy a U.S. Joint medical Task Force (i.e. Crisis Response Team).
- (2) Enhance interoperability in combined and joint operations.
- (3) Exchange medical information with Partner nations.
- (4) Continue U.S. engagement in Central/Eastern European countries.

b. Responsibilities. It is important to note that since these are medical exercises, close coordination must be maintained between the various Command Surgeon's Offices and their corresponding Exercise Offices. This relationship must be maintained at each echelon to ensure the exercises are successful and that medical training objectives are met.

(1) ECJ4-MR:

(a) Assigns an Action Office to oversee and monitor the development of the MEDCEUR exercise.

(b) In conjunction with ECJ37 and ECJ5, attends the Concept Development Conference (CDC) with representatives from the Host Country. Recommend that the Defense Attaché (DATT) and U.S. Embassy representatives also be included in the conference. Ensures that the U.S. Embassy invites Host Country agencies (i.e. Ministry of Health, Interior, etc.), military officials, NGOs and PVOs to meet with the site survey team during the IPC.

(c) Makes initial contact with the lead component medical POC to help identify the exercise objectives and develop the strawman medical concept to be presented at the CDC.

(d) Works in conjunction with ECJ37 to develop the Exercise Directive (EXDIR) message. The EXDIR message serves as the base document for the exercise. It identifies the Lead Component, Lead Unit, Mission commander, their responsibilities and authority. It also specifies exercise objectives, JMETL Tasks to be trained on, the MASCAL scenario and the exercise AAR. See Appendix E for an example of a MEDCEUR EXDIR message

(e) Ensures that lead components forward funding requirements to the appropriate USEUCOM Directorates.

(f) Coordinates personnel and equipment shortfall requirements to the other EUCOM components to fill. Coordinates special activity involvement such as Civil Affairs or Special Ops.

(g) In conjunction with ECJ37, ensures that the exercise is a multilateral exercise. Works with the Host Country to invite selected representatives from various PfP countries. The Host Country is responsible for sending the invitations. The ability of the U.S. to fund these

additional invited personnel will depend on the invitee's role in the exercise, the status (developed/developing) of the invitee's country and the availability of funds.

(h) Works in conjunction with ECJ37 to develop the Significant Military Exercise Brief (SMEB) which is developed late in the planning cycle (usually after the final planning conference). The SMEB is due to the Joint Staff NLT seven (7) weeks prior to the exercise execution.

(i) Will normally attend the Concept Development Conference and the Initial Planning Conference to aid Component planners in framing the exercise framework.

(j) Works in conjunction with ECJ4-ID/HA to identify and develop consumable medical material necessary to support the HCA activity, if applicable. This information will be incorporated into USCINCEUR's annual Humanitarian/Civic Assistance (HCA) nominations to JCS for inter-agency approval.

(2) ECJ37:

(a) Oversees the EUCOM Exercise program.

(b) Coordinates with ECJ4-MR for MEDCEUR exercises. Makes initial contact with the Host Country and establishes the Concept Development Conference.

(c) Assists in the management of Warsaw Initiative Funds (WIF).

(d) Releases coordinated MEDCEUR Exercise Directive (EXDIR) message with ECJ4-MR. If the MEDCEUR will be conducted in conjunction with another component-led exercise, ensures that a clear command relationship is coordinated and published.

(e) Provides JOPES guidance to the Lead Component / Lead Unit.

(f) Authorizes expenditure of exercise funds allocated by JCS for airlift and sealift communication support controlled by the Joint Staff.

(g) Coordinates expenditures of PfP funds for authorized Partner exercise expenses.

(h) Determines the need for and releases the coordinated MEDCEUR SMEB with ECJ4-MR.

(i) Validates TPFDD to USTRANSCOM IAW established strategic lift milestones.

(j) In coordination with Lead Component, establishes exercise planning, coordination and exercise milestones.

(3) ECJ4-ID/HA:

(a) Requests HCA program approval and funding as required for each exercise. Assists in reviewing / validating projects and circumstances to ensure the proper use of HCA funding.

(b) MIPRs HCA funds to lead units to purchase supplies related to and consumed during the HCA activity, if applicable.

(4) Component Command:

(a) Responsible for planning, organizing, conducting and reporting of the exercise.

(b) In coordination with ECJ37, establishes planning, coordination and execution milestones.

(c) Selects Component AO/planner(s).

(d) Provides forces and staff to participate in the exercise. Selects Lead Unit and Mission Commander.

(e) If Lead Component wants to pursue helicopter support as part of the developing MEDCEUR concept, they must submit that request, along with a concept of operations (CONOPS), to EUCOM. EUCOM will, in turn, validate the request and send out a tasking message to USAREUR to support the request, provided the craft are available. Any request for rotary wing support must be made early to ensure proper staffing and coordination.

(f) Ensures that the Lead Unit orders all of the HCA supplies (401 funds).

(g) Ensures that the team composition is "Joint." Submits personnel and equipment shortfalls to ECJ37 and ECJ4-MR.

(h) Prepares and submits all authorized funding requirements to USEUCOM. This does not include any purchases that are covered using Joint Staff Incremental Exercise Funds. This incremental funding is part of the Service's Program Objective Memorandum (POM) process. These funds are a Component responsibility. See Section G: Funding.

(i) Responsible for development of Exercise OPORD.

(j) Oversees development of the exercise TPFDD and submits to ECJ37 and ECJ4-MR for validation.

(k) Develops pre-deployment message to units and individuals with funding and airlift information.

(l) Requests country clearances for all exercise team members from the U.S. embassy in Host Country.

(m) Responsible for life support for all exercise team members once deployment begins. This includes feeding and sheltering. Unit Operations and Maintenance funding will be used for these requirements for all phases of the exercise. Executed by Exercise Mission Commander.

n.) Reviews After-Action Reports and forwards to ECJ37, ECJ4-ID/HA and ECJ4-MR.

5.) Lead Unit:

(a) Plans exercise details, develops exercise objectives and identification of training JMETS. Executes MEDCEUR exercise.

(b) Selects key planners and leaders to direct major sections of the exercise.

(c) Selects Site Survey Team members.

(d) Submits personnel and equipment shortfalls to Component Command.

(e) Orders all supplies related to and consumed during the HCA activity, if applicable.

(f) Ensures joint training of deploying forces with emphasis on joint training and doctrine, joint operation procedures and interoperability among the Services. Training must be tailored to the tasks listed in the JMETL and UJTL.

(g) Develops and submits Level IV TPFDD airlift and sealift requirements to Lead Component IAW established strategic lift milestones.

(h) Works with Component Command to develop Exercise OPORD. Copy must be submitted to USEUCOM (ECJ37 and ECJ4-MD) NLT one (1) month prior to the exercise.

(i) Prepares individual TDY orders. Make commercial flight reservations for individuals identified as being on the Commercial Ticket Program (CTP).

(j) Prepares After Action Reports and forwards to Lead Component.

(k) Prepares the Exercise Support Plan and Deployment handbooks. A sample deployment handbook is located at Appendix D. In addition to exercise CONOPS, the Exercise Support plan must cover such items as real-world force protection, preventive medicine, communication and casualty evacuation.

(6) USTRANSCOM:

(a) Reviews validated TPFDD.

(b) Oversees Commercial Ticket Program (CTP), if required.

c. Planning Conferences / Site Survey. Generally, components conduct anywhere from one (1) to four (4) planning conferences for MEDCEURs. These are usually the Concept Development Conference (CDC), the Initial Planning Conference (IPC), the Middle Planning Conference (MPC) and the Final Planning Conference (FPC). It is strongly encouraged that all U.S. participants meet together prior to each conference to ensure a united front and agreement on any submitted plans or proposals. Participation by the DATT and U.S. Embassy is very important to ensure that there are

no problems with the proposals. Additionally, at a minimum, one of the planning conferences should be held in the Host Country with a focus on a site survey and meeting with U.S. embassy, Host Country military and civil officials, PVOs and NGOs. TDY expenses for the site survey, and any follow-up visits, are the responsibility of the Lead Component. At the Lead Components' discretion, they may invite Host Country medical personnel to participate in one of the planning conferences outside the Host Country.

(1) Concept Development Conference. ECJ37 establishes this introductory meeting between the Host Country, ECJ4-MR, ECJ5 and Component representatives. The purposes of the CDC are to: a.) introduce the basic concept of the MEDCEUR to the Host Country; b.) determine which additional countries will participate in the exercise; c.) if the MEDCEUR is linked to another exercise, how it incorporates into the overall exercise; d.) establish a site survey date. Once the CDC approves the country guest list, the Host Country is responsible for sending out the invitations.

(2) Initial Planning Conference / Site Survey. During the IPC / site-survey, a six (6) to eight (8) member team works with the Embassy Staff, Host Country military and civil officials, PVOs and NGOs to determine the composition of the exercise. The team that deploys to the Host Country for the site survey is composed of key representatives from USEUCOM, the Component and lead unit. The team typically is comprised of a USEUCOM representatives from ECJ37 and ECJ4-MR, Component representatives from the Surgeon's office and the corresponding Exercise office, the Mission Commander, and representatives from the lead unit operations, logistics and Preventive Medicine sections. Budgetary constraints should be considered when planning the number of conference attendees. The site survey usually is scheduled for approximately five (5) days with the goal of determining exercise dates, responsibilities, training syllabus, location and scenario for the mass casualty / crisis response scenario, location of the "base camp," transportation and force protection, and other special in-country issues and needs.

(3) Main and Final Planning Conferences. According to ED 55-29, the Main Planning Conference finalizes the draft planning documents from the IPC. The exercise Director usually approves these plans, the Operation Plan/Order, and (if he has not already done so) the Exercise Directive. At the MPC, the exercise milestones are updated, and manning requirements for the exercise are finalized.

d. MEDCEUR Exercise Phases. MEDCEUR exercises are usually conducted in the following phases:

(1) Deployment (Phase I): One of the primary objectives of the exercise is the deployment and redeployment of a joint medical task force such as the component Crisis Response Team (CRT). The exercise will test the Component's ability to deploy medical personnel and supplies to a country in Central or Eastern Europe in response to a crisis scenario.

(2) Medical Interoperability Training (Phase II): Medical interoperability and familiarization training is conducted in order to permit the Host Country's military medical personnel to safely and effectively participate in the mass casualty/crisis response phase of the MEDCEUR. This also has collateral benefit of reinforcing U.S. personnel training by teaching the same concepts to others. Topic areas may include emergency medical procedures, triage, stabilization, evacuation, and disaster planning. The interoperability training will be a combination of didactic presentation in a classroom

setting, demonstrations, and practical exercises. Planners must be careful to ensure that proper funding is used for consumable supplies and non-consumables are not planned to be left behind. Some of the classes previously offered have included:

- (a) Basic Life Saver (BLS) Instructor Course
- (b) Emergency Medical Technician (EMT) Course
- (c) Cardio-Pulmonary Resuscitation (CPR) Instructor Course
- (d) Advance Trauma Life Support (ATLS) Course
- (e) Emergency Room Triage Course
- (f) Pediatric Advance Life Support (PALS)
- (g) Moulage
- (h) Self Aid / Buddy Aid Course
- (i) Preventive Medicine Training

(3) Mass Casualty / Crisis Response Exercises (Phase III): U.S. personnel, working alongside of Host Country personnel, are provided the opportunity to practice their skills in a staged mass casualty or crisis response exercise. After jointly deciding on a realistic scenario, simulated casualties are moulaged and emergency mobilization of military and civilian medical teams is accomplished. These teams conduct triage, initial treatment and evacuate the "casualties" to local hospitals for more advanced evaluation and treatment, following stabilization surgery at deployed military medical facilities, as needed. An after action review will follow the exercise with an emphasis on areas of improvement. Types of scenarios for Eastern and Central Europe may include:

- (a) Train wreck
- (b) Soccer stadium grandstand collapse
- (c) Mud and landslides
- (d) Earthquake
- (e) Nuclear reactor leak
- (f) Plane crash
- (g.) Oil spill
- (h) Floods

(4) Redeployment (Phase IV): The medical team redeploys back to their home station.

(5) Humanitarian and Civic Assistance (HCA) Activity: Any type of HCA activity associated with the MEDCEUR is strictly an add-on and must not degrade the exercise objectives. If there is a risk that the HCA activity will detract from the exercise, USEUCOM has the authority to cancel or direct changes to the activity's scope. The Host Country, embassy and U.S. planning team will determine if some type of HCA activity is included at the end of the exercise. These activities are specific to the Host Country's needs and range from rural area medical, dental and veterinary care, well drilling and construction/repair of sanitation facilities. The rural healthcare activities, however, are not on the scale of MEDCAPs associated with MEDFLAG exercises and must be executed within the HCA budget constraints.

e. Personnel. Even though the CRT is Component-specific, the overall organization of the team is "Joint" and medical planners must ensure a joint composition. Any deviation from the Joint concept must be approved in the early planning stages by USEUCOM. The total team ranges from forty (40) to sixty (60) personnel with qualifications varying based on the mission, i.e. training classes and MASCAL scenario. As an additional planning factor, the team must be self-sustaining for many functions to include food, supply, communication, shelter and field equipment. Exact details will be determined during the site survey and meetings with the Host Country. Common specialties to consider when building the MEDCEUR team include:

(1) Preventive Medicine / Environmental Science, Public Health and Bio-environmental personnel

(2) Dentists and dental technicians

(3) Optometrists and technicians

(4) Veterinarians and technicians

(5.) Physicians (surgery, anesthesia, family practice, internal medicine, emergency medicine, public health, pediatrics, OB/GYN)

(6) Pharmacist and technician

(7) Nurses (surgery, emergency medicine, public/community health, pediatrics, OB/GYN, internal medicine)

(8) Laboratory technician

(9) Base Support personnel (administration, engineer/electrician, generator operators, logisticians, cooks, Force Protection/Security liaisons)

(10) Civil Affairs for possible establishment of CMOC (coordinated by USEUCOM).

(11) Medical Operations Officers / Planners

(12) Contracting officer/representative

(13) First Sergeant / Systems personnel

As an additional planning note, each PfP and ISO PfP country is linked a specific Partner State in CONUS. This is not only for National Guard units, but State Emergency Management Centers (EMC). Recommend planners contact the Host Country's respective Partner State EMC to determine if they want to be involved in the exercise.

f. Command and Control.

(1) USEUCOM is the scheduling and sponsoring command for U.S. participants. Lead Component will designate the lead unit for the exercise. Other Component Commands will provide additional, select personnel to meet shortfalls validated by ECJ4-MR. All issues that the Mission Commander needs assistance resolving will be forwarded through the proper chain of command for coordination and action.

(2) Lead Component will designate the U.S. Mission Commander who will have Tactical Control (TACON) over the deployed U.S. team for the duration of the exercise. The Mission Commander will also be the key spokesperson for the U.S. team when dealing with Host Country officials and U.S. embassy representatives

g. Funding. If a MEDCEUR is incorporated into a larger exercise, most of the funds designated specifically for the MEDCEUR cannot be used in other parts of the larger exercise. An exception is that ECJ37 can allocate strategic lift money in various ways to support the overall exercise.

(1) USC Title 10, Section 401 Funds: Subject to inter-agency approval processes, provides funding to procure consumable medical/dental/veterinary supplies such as medications, vaccines, needles, syringes, etc., for use in providing HCA activity. These funds cannot be used for non-consumable/durable supplies and assistance activities conducted with these supplies must benefit the local civilian population. Funds may also be used for rudimentary construction and repair of public facilities, well drilling and construction of basic sanitation facilities. Generally, these funds cannot be used to provide services and/or improvements to a Host Country government/military facility. Supplies and material purchased with HCA funds must be used by U.S. Forces in conducting the assistance activity.

(2) PfP Warsaw Initiative Funds (WIF): WIF comes from the Defense Operations and Maintenance (O&M) monies and can only be expended under existing congressional authority. The most commonly used authority, Developing Country Combined Exercise Program (DCCEP), is discussed below. WIF funds are not for U.S. forces expenses.

(3) USC Title 10, Section 2010 Funds: This is an Army O&M fund source called Developing Country Combined Exercise Program (DCCEP). It is also a congressional authority under which WIF funds can be expended. Provides potential funding to pay for the reasonable and proper costs of goods and services that are consumed by a developing country as a direct result of the country's participation in the exercise. Incremental expenses include rations (food), fuel, and transportation. In the context of MEDCEURs, incremental expenses also include the medical/dental/veterinary

supplies that are consumed in the course of the interoperability training and the mass casualty/crisis response exercise. WIF is usually used for MEDCEURs and DCCEP is normally used during MEDFLAGs. However with proper justification and the proper staffing, DCCEP funding may be available on a case by case basis. DCCEP funds do not include pay, allowances, and other normal costs of Host Country personnel. These funds are not for U.S. forces expenses or facility repairs / construction projects.

(4) Cooperative Threat Reduction (CTR) Funds [AKA: Nunn-Lugar (N-L) Funds]: Provides funds for military contact type activities in select New Independent States. CTR funds can pay for per diem, travel, ground transportation, and interpreter/translator services for U.S. personnel. Funding varies by exercise. Funds are requested from ECJ5-E.

(5) Joint Chiefs of Staff Strategic Lift Funds: Provides funds to pay for stratlift of team, supplies, and equipment from home station to exercise and return.

(6) Joint Staff Incremental Exercise Expenses: Provides funding to components via the Services' O&M funds to offset the component's costs in conducting exercises, includes TDY (site survey and ADVON), per diem for U.S. troops (field rations, MREs), supplies and equipment for training. Component funding levels are determined during the Services' POM cycle. Once allocated to the Service's current year budget, funds generally can not be transferred from one component to another.

(7) Exercise Related Construction (ERC) Funds: Provides some funding to pay for Host Country facility repairs or construction. Individual project requests must have Congressional approval and are coordinated through ECJ37 and ECJ4-EN. Use of ERC funds also requires the implementation of a base access or base rights agreement.

(8) Overseas Humanitarian, Disaster and Civic Aid (OHDACA) Funds: These funds may be available for projects not meeting the criteria for HCA/10USC401 authority or ERC funds. Assistance projects qualifying for OHDACA funding must be completed as succinct events that are unrelated to the exercise.

h. Key Points in the Planning Time Lines. A typical exercise planning cycle requires eighteen (18) to twenty-four (24) months. The absolute minimum planning time is eighteen (18) months. Any time less can easily result in poor outcomes for the exercise.

(1) Deconfliction Conference. This is a USEUCOM sponsored conference where Components Exercise representatives and other organizations are invited to deconflict resources for USEUCOM and Joint Staff directed exercises. ECJ37 is the lead office for these conferences but medical and exercise representation from the Components and USEUCOM is necessary to provide the medical framework for shaping these types of exercises. These conferences are generally held twice a year. During the Deconfliction Conference, Component responsibilities for each exercise (including MEDCEURs and MEDFLAGs) are decided. This is the starting point for the pre-Concept Development (CDC) period.

(2) Pre-CDC Period. USEUCOM representatives from ECJ4-MR, ECJ5-E and ECJ37 meet designated Lead Component medical and operational planners to provide them the basic guidance to

develop the exercise. Within this framework, the Lead Component will determine a broad concept of operations that will be further defined at the CDC. This CONOPS is used as a strawman so that the U.S. representatives are clear on what capabilities / assistance are feasible. Planners should never go into the CDC without some type of proposal. This will allow the CDC to be much more productive. Additionally during this period, initial contact with the U.S. Embassy and DATT will take place to ensure their support for the CDC. Planners should also determine Preventive Medicine and passport / visa requirements prior to the first in-country visit.

(3) CDC. The CDC is usually the first time that the U.S. representatives actually meet with the American Embassy and Host Country officials. During this meeting, the U.S. delegation introduce themselves and provide a short introduction about their role in the exercise. The Lead Component presents the CONOPS to help all parties understand the process, requirements and outcome of the MEDCEUR. Additionally, a date for the site survey is established. Often, the embassy staff or DATT will request six (6) to eight (8) weeks lead time between initial contact and the site survey. Request that the DATT or embassy POC ensures that Host Country military and civilian officials, PVOs and NGOs can meet with the survey team during their visit.

(4) Site Survey / IPC. The site survey usually requires one week. One of the key issues to determine is the actual exercise date. Planners should allow a minimum of six (6) months between site survey and exercise. Requirements for consumable material to be purchased with HCA funding should be reported to ECJ4-ID/HA as soon as they are determined from the embassy staff.

(5) Exercise Directive (EXDIR) Message. This message is normally released after the MPC.

(6.) TPFDD Validation. USEUCOM must validate sealift TPFDDs for deployment/redeployment to USTRANSCOM **NLT T-100** and airlift **TPFDDs NLT T-60**. T-day is the first day of the month in which an exercise executes. Component Commands will review and validate TPFDDs to USEUCOM **NLT T-110** (Sealift) and **T-70** (Airlift).

(7) Multilateral, Regional Invitations. To ensure that the MEDCEUR is a multilateral, regionally focused exercise, ECJ37 and ECJ4-MR should work with the Host Country to invite neighboring PfP countries to participate in the exercise. Partner nation attendance at the MPC is important. Therefore, the Host Country should send out the invitations as early in the planning process as possible to facilitate conference attendance. The exercise goal is to have the small teams from the neighboring PfP countries actively participate in the training and MASCAL scenario. The ability of the U.S. to fund these additional invited personnel will depend on the invitee's role in the exercise, the status (developed/developing) of the invitee's country and the availability of funds.

(8) Exercise Operation Order (OPORD). The Lead Unit, in conjunction with the Component, develops and releases an exercise OPORD **NLT one (1) month** prior to the exercise.

(9) Country Clearance Message. The Lead Component releases the Country Clearance Message **IAW the Foreign Travel Guide**.

(10) Advance Team (ADVON). ADVON are authorized and should be tailored to the needs of the exercise and the Host Country. ADVONs usually deploy about one (1) week prior to the

main body arrival and exercise execution. However, Lead Component should be mindful of the associated costs and support requirements.

(11) MEDCEUR After Action Report (AAR). The Lead Unit will compile all exercise unit AAR inputs into a final AAR for submission to the Lead Component for review and action. The Lead Component will forward the AAR to USEUCOM ECJ37 and ECJ4-MR (ECJ4-ID/HA if HCA funds are used) **NLT thirty (30) days after the completion of the exercise**. Lessons Learned report will be in JULLS format. Mission Commander will submit Lessons Learned to USEUCOM (ECJ37 and ECJ4-MR) **NLT sixty (60) days after the completion of the exercise**.

FOR THE COMMANDER IN CHIEF:

OFFICIAL:

MICHAEL A. CANAVAN
Lieutenant General, USA
Chief of Staff

DAVID R. ELLIS
LTC, USA
Adjutant General

DISTRIBUTION:
P

Appendixes:

- A – Universal Joint Task List (UJTL)
- B – MEDFLAG Exercise Directive Message
- C – MEDFLAG Checklist
- D – Exercise Deployment Handbook
- E – MEDCEUR Exercise Directive Message

APPENDIX A

Universal Joint Task List (UJTL)**1. Overview.**

a. The UJTL is a list of joint tasks developed without regard for specified or implied missions. It is an interoperability tool, which provides a common frame of reference when communicating missions and subordinate and supporting commands. It assists trainers and planners to understand and integrate joint operations. The UJTL is divided into four parts: Strategic National (SN), Strategic Theater (ST), Operational (OP), and Tactical (TA). These sections correspond to different levels of command: SN - Department of Defense and Joint Staff, ST - USEUCOM (Unified Command), OP - USEUCOM component commands, and TA - Major Subordinate Commands (MSC) to the component commands.

b. Commanders use the UJTL and the Joint Strategic Capabilities Plan (JSCP) to develop their Joint Mission Essential Task List (JMETL) which is specific for their exercise.

2. Theater Medical UJTL: (The supporting Joint Publications are listed at the end of each task description.)**a. Strategic National (SN)**

- SN 1.2.8 Provide Global Patient Movement and Evacuation. To provide evacuation and control of patient movement worldwide. This task includes the evacuation of combat casualties from theater of operations / joint operations area (JOA) and worldwide movement of ill or injured patients within theater, between theaters or between the theater and CONUS, or within CONUS. (**JP 4-0, 4-01.3, 4-02, 4-02.1, 4-02.2**) (JP 3-07.5, 4-01.3, 4-02.2)

- SN 4.3.3 Provide Defensewide Health Services. To coordinate medical services that promote, improve, conserve, or restore the mental or physical well-being and performance of individuals or groups. This task is performed in the support of all Services (and other nations as required), both in the field and in CONUS. This task includes: medical, dental, veterinary, optical, and ancillary services; health related research; medical evacuation and patient transport; medical supply and maintenance; and humanitarian assistance and civic action to other nations. (**JP 4-0, 4-02**) (JP 3-0, 4-02.1)

- SN 4.3.4 Develop and Maintain a Medical Surveillance Program. Developing and maintaining a comprehensive surveillance program is a critical force protection element. Program elements include: mechanism to identify health threats, systems to implement preventive medicine measures, pre- and post- deployment health assessment systems, and medical surveillance systems to monitor health threats during an operation. (N/A) (JP 4-02, CJCSM 3122.03, DODD 6490.1, DODI 6490.3)

b. Strategic Theater (ST)

- ST 4.2.2 Coordinate Health Service Support. To coordinate health service support (including, but not limited to, preventive medicine, inpatient / outpatient care, ancillary support, medical logistics, patient evacuation, hospitalization, dental support, return to duty, and veterinary services) in preparing and sustaining theater forces. Task includes ensuring that programs are in place to identify health threats, apply risk management, and abate such risk. (**JP 3-0, 4-01**) (JP 3-07.5, 3-09.3, 3-57, 4-06, 5-00.2, CJCSM 3122.03)

- ST 4.2.2.1 Manage Theater Joint Blood Program. Provide an orderly system for collection, storage, and distribution of blood products under peacetime and/or wartime conditions. This task is normally executed through the supported command Surgeon responsible for coordinating and integrating plans, policies, and procedures for effective management of component and area joint blood programs. (**JP 4-02, 4-02.1**) (JP 4-0, 4-02, 4-02.1, CJCSM 3122.03)

- ST 4.2.2.2 Coordinate Patient Evacuation from Theater. To coordinate the movement of patients within and from theater. This task includes designating medical treatment facilities (MTFs) by matching existing medical capabilities with reported patient needs; scheduling and arranging movement of DOD patients and authorized beneficiaries; establishing procedures regulating the evacuation of patients; determining the eligibility for others, such as UN personnel and foreign national; and making special arrangements for Enemy Prisoners of War. This task includes operating a Theater Patient Movement Requirements Center (TPMRC) under operational control of the combatant commander's surgeon. This task includes designating Joint Patient Movement Requirements Centers (JPMRC) where appropriate or needed. The TPMRC coordinates with other agencies such as the Defense Medical System Support Center (DMSSC), Electronic Data Services USTRANSCOM, and the Global Patient Movement Requirements Center (GPMRC). (**JP 4-02 4-02.2**) (JP 3-05, 4-0, 4-02, 4-02.1, 4-02.2, CJCSM 3122.03)

- ST 4.2.2.3 Manage Medical, Dental and Veterinary Services and Laboratories and Supply. To ensure an effective and consistent program, in peacetime and war, of medical and dental services, across the area of responsibility, including the provision of laboratory support and medical supply. This task also covers responsibility for ensuring preventive medicine and veterinary services for all Services on theater-wide basis. (**JP 4-0, 4-02**) (JP 4-0, 4-02, 4-02.1 CJCSM 3122.03)

- ST 4.2.2.4 Coordinate Joint Comprehensive Medical Surveillance. When directed by the Assistant Secretary of Defense (Health Affairs) and Chairman of the Joint Chief of Staff, implement a comprehensive military medical surveillance program that includes collection and analysis of health status and threat information before, during, and after deployment. Minimum required elements are identification of the population at risk, continuous surveillance of health status and disease / injury events, and implementation of protective countermeasures based on analysis of data at all levels of command. (**N/A**) (CJCSM 3122.03, DODD 6490.1, DODI 6490.3)

c. Operational (OP)

- OP 4.4.3 Provide for Health Services in the Joint Operations Area (JOA). To provide health service support in the operational area to include, but is not limited to: health services resources; preventive and curative health measures; patient evacuation; return to duty determination; blood management, medical logistics; combat stress control, medical, dental, veterinary, ancillary services, optometry, medical food, and medical intelligence services. This task includes actions of the Theater Patient Movement Requirements Center (TPMRC) and the Joint Blood Program Office (JBPO). **(JP 3-07.3, 4-0, 4-02, 4-02.1, 4-02.2)** (JP 0-2, 3-02, 3-07.3, 3-10.1, 3-11, 4-02.2, 4-05, CJCSM 3500.05)

- OP 4.4.3.1 Manage Joint Blood Program in the Joint Operations Area (JOA). To provide blood product collection, storage, testing (if applicable) and distribution system to support peacetime and contingency blood requirements. This task is normally executed through the supported JFC surgeon charged with managing a network of component and area joint blood programs. This task includes, but is not limited to systems: to track and record final disposition of all blood products, to support look-back protocols, and to communicate between Area Joint Blood Program Offices (AJBPO), Joint Blood Program Office (JBPO) and Armed Services Blood Program Office (ASBPO). **(JP 4-0, 4-02, 4-02.1, CJCSM 3122.03)** (JP 3-08v2, 4-01.7, 4-02, 4-02.2, 5-00.2, CJCSM 3122.03, CJCSM 3500.05)

- OP 4.4.3.2 Manage Flow of Casualties in the Joint Operations Area (JOA). To organize and control the flow of casualties within the JOA, and to coordinate the flow of patients to medical facilities within the combatant command AOR or for intratheater evacuation. This task includes coordination activities between the TPMRC and the Global Patient Movement Requirement Center. **(JP 3-0, 3-11, 4-01.1, 4-02, 4-02.1, 4-02.2)** (JP 3-02, 4-0, 4-01.1, 4-02, CJCSM 3500.05)

- OP 4.4.3.3 Manage Health Services Resources in the Joint Operations Area (JOA). To manage the JOA medical resources to provide effective and consistent treatment of wounded, injured, or sick personnel so as to return to full duty or evacuate from the JOA. **(JP 4-0, 4-02)** (JP 0-2, 3-02, 3-07.3, 3-07.5, CJCSM 3500.05)

- OP 4.5.3 Recommend Evacuation Policy and Procedures for the Joint Operations Area (JOA). To recommend policy and procedures for the evacuation of personnel, equipment, and noncombatants from the operational area. For patient evacuation, this task requires the JFC surgeon to advise the combatant commander on a recommended patient evacuation policy. **(JP 4-02, 4-02.2, CJCSM 3122.03)** (JP 3-05.3, 4-0, 4-02, 4-02.1, 5-03.1, CJCSM 3500.05)

- OP 4.7 Provide Politico-Military Support to Other Nations, Groups, and Government Agencies. To provide assistance to other nations, groups, or government agencies that supports strategic and operation goals within the joint operations area (JOA). This task includes security assistance, civil military operations support (such as humanitarian assistance, environmental cleanup, disaster relief), and other assistance from military forces to civilian authorities and population. The assistance can be personnel, materiel, and/or services. **(JP 3-0, 3-08v1, 3-57, 4-0, 4-04)** (JP 3-0, 3-07, 3-08v1, 4-0, CJCSM 3122.03, CJCSM 3500.05)

- OP 6.2.6 Conduct Evacuation of Noncombatants from the Joint Operations Area (JOA). To use JOA military and host nation resources for the evacuation of U.S. military dependents, U.S. Government civilian employees, and private citizens (U.S. and third country nationals). Organizations at various echelon provide support (medical, transportation, religious, and security) to the noncombatants; the support provided is analyzed under the appropriate activity. This task includes protection of noncombatant evacuees prior to departure from the joint operations area. **(JP 3-0, 3-07, 3-07.5, 3-08v1, 3-10, 3-11, 4-01)** (JP 3-07.1, 3-57, 4-01, 4-01.1, 4-02.2, 5-00.2, 5-03.1, CJCSM 3122.03, CJCSM 3500.05)

3. **MEDFLAG and MEDCEUR Strategic Theater (ST) Tasks.** The following are USEUCOM directed tasks for MEDFLAG and MEDCEUR exercises. These are in addition to medical tasks.

- ST 8 Develop and Maintain Alliance and Regional Relations. To perform politico-military activities in a theater within existing alliances or in maintaining, improving, or developing new relations with countries not in an alliance with the United States. These activities are done through the ambassador or Country Team, or in support of Country Team objectives, and frequently involve more than one nation. The activities include tasks designed to enhance U.S. relations with other nations. In military operations other than war, this includes support to counterproliferation, counterinsurgency, combating terrorism, arms control, peace operations, nations assistance, enforcement of sanctions, enforcement of exclusion zones, and counter drug operations. It also includes interagency support. **(JP 1, 3-0)** (JP 3-0, 3-07.1, 4-02.1, 5-0).

- ST 8.1 Foster Alliance and Regional Relations and Security Arrangements. To build cooperative relationships with other nations in the region and international command and agencies. Actions must be taken with careful consideration of the diversity of the extant political systems, alliances, and the unique character of the people and their leadership. This task includes promoting regional stability and requires sensitivity to the perceptions and interests of the different nations in the region. **(JP 3-0, 5-0)** (JP1, 3-0, 3-07).

- ST 8.1.4 Develop Multinational Intelligence / Information Sharing Structure. To enhance each member nation's intelligence and information capabilities through development of sharing structure. This task includes determining what information commanders may share with multinational partners and developing databases with multi-level security access to provide member forces a common intelligence picture based upon multinational force and national security requirements. **(JP 2-0, 5-00.2)** (JP 3-10.1, CJCSI 5221.01).

- ST 8.2 Provide Support to Allies, Regional Governments, International Organizations or Groups. To provide support to friendly governments and organizations operating in the theater. Typically, that support includes intelligence, logistics, and C2 support, civil-military operations, security assistance, nation assistance, consequence management, and other forms of support to further national objectives. This task can include support to domestic civil government. **(JP 2-0, 3-07, 3-08v1, 4-0)** (JP 3-0, 3-07.5, 3-08v1, 3-10.1)

- ST 8.2.4 Coordinate Humanitarian and Civic Assistance Programs. To assist nations in the theater with medical, dental, and veterinary care (in rural, coastal, or outlying island areas); the construction of rudimentary surface transportation systems; well-drilling and construction of basic sanitation facilities; rudimentary construction and repair of public facilities. Those activities identified specifically as humanitarian and civic assistance (HCA) are specific programs authorized in legislation and controlled in accordance with title 10, U.S. Code, section 401. **(JP 3-0, 3-07, 4-04)** (JP 0-2, 3-0, 3-05, 3-07.1, 3-07.5, 3-08v1, 3-57, 4-02.1, 4-06, 5-0, CJCSI 3110.14, CJCSM 3113.01)

- ST 8.2.10 Coordinate Multinational Operations Within Theater. To coordinate with allies and coalition partners and appropriate international organizations to ensure mutual support and consistent effort in theater. Effective coordination is achieved when all parties understand and agree to the desired end state, concept of operations, intent, objectives, priorities, and support requirements. **(JP 3-0, 5-0)** (JP 2-0, 2-01, 3-0, 3-08v1, 3-09)

- ST 8.2.11 Coordinate With and Support Nongovernmental Organizations (NGOs) in Theater. To work with and arrange for a mutually beneficial relationship between the combatant commander and nongovernmental organizations (NGOs) operating within the theater. This task includes ensuring that NGOs or their interests are represented at every level of the chain of command within the theater. It also includes ensuring that military forces are aware of the capabilities and limitations of NGOs. In cooperating with NGOs, it is important to keep in mind that they maintain a consultant status with the Economic and Social Council of the United Nations and thus are of a different character from private organizations. **(JP 3-0, 3-07, 3-08v1, 3-57)** (JP 3-0, 3-07.5, 3-08v1, 4-02.1, CJCSI 3110.14)

4. **Additional Exercise Tasks.** The following is a list of other ST and OP tasks that impact MEDFLAG and MEDCEUR exercises. For detailed information on these tasks, refer to Reference D. (www.dtic.mil/doctrine/jel/cjcsd/cjcsm/m3500_4b.pdf)

- ST 4.2.4 Establish and Coordinate Training of Joint and Combined Forces.
- ST 5.4.3 Establish or Participate in a Joint or Combined or Multinational Force
- ST 7.1.3 Tailor Joint Forces for Deployment
- ST 7.1.4 Determine and Validate Forces and Cargo to be Deployed or Redeployed
- ST 7.1.7 Establish Joint Mission Essential Task List (JMETL)
- ST 7.2.3 Conduct Joint After Action Reporting
- ST 8.2.2 Coordinate Civil Affairs in Theater

- ST 8.2.12 Cooperate With and Support Private Volunteer Organizations (PVOs) in Theater

- ST 8.3.2 Establish Bilateral or Multilateral Arrangements

- OP 2.4.1.1 Identify Operational Issues and Threats

- OP 4.4.5 Train Joint Forces and Personnel

APPENDIX B

Example of a MEDFLAG Exercise Directive Message

SUBJ: USEUCOM EXERCISE DIRECTIVE FOR MEDFLAG 00-2 (MAURITANIA)

1. THIS IS THE USEUCOM ECJ37/ECJ4-MR/ECJ4-ID/HA COORDINATED EXERCISE DIRECTIVE FOR EXERCISE MEDFLAG 00-2.

2. GENERAL: EXERCISE MEDFLAG 00-2 IS A JCS APPROVED MEDICAL TRAINING EXERCISE DEPLOYMENT TO MAURITANIA TO CONDUCT TRAINING FOR U.S. FORCES AUGMENTED BY HUMANITARIAN AND CIVIC ASSISTANCE ACTIVITIES.

3. MISSION: ON OR ABOUT 15 SEP 00, USEUCOM DEPLOYS USAREUR-LED MEDICAL TEAM UNDER THE COMMAND AND CONTROL OF COMMANDER, 100TH VETERINARY DETACHMENT TO THE ISLAMIC REPUBLIC OF MAURITANIA TO CONDUCT METL BASED TRAINING FOR U.S. PERSONNEL AND RENDER HUMANITARIAN CIVIC ASSISTANCE TO MAURITANIAN CIVILIANS.

4. EXECUTION:

A. CONCEPT: 30TH MEDICAL BRIGADE DEPLOYS A TAILORED MEDICAL TEAM LED BY THE CDR, 100TH VET DET (HQ) TO CONDUCT TRAINING AND MEDCAP ACTIVITIES VICINITY ALEG, MAURITANIA.

(1) THE TEAM WILL CONSIST OF APPROXIMATELY 45-60 PERSONNEL AND WILL INCLUDE OPHTHALMOLOGISTS AND SUPPORTING STAFF, ENTOMOLOGISTS AND PREVENTIVE MEDICINE PERSONNEL, VETERINARIANS AND VETERINARY PERSONNEL, DENTISTS AND DENTAL SUPPORT PERSONNEL, COMMUNICATIONS PERSONNEL AND CIVIL AFFAIRS SPECIALISTS.

(2) U.S. OPHTHALMOLOGISTS WILL DEPLOY TO ALEG TO PERFORM CATARACT SURGERY IN ORDER TO SHARPEN THEIR SKILLS PERFORMING THESE ACTIVITIES UNDER THIRD WORLD CONDITIONS. U.S. PHYSICIANS WILL WORK WITH MAURITANIAN PHYSICIANS (CIVILIAN OR MILITARY) WHO WILL ASSIST IN TRANSLATION AND SHARE METHODOLOGIES. CIVILIAN CATARACT PATIENTS WILL BE EVALUATED AND SUITABLE SURGICAL CANDIDATES WILL UNDERGO CATARACT SURGERY. THE OPHTHALMOLOGIST WILL UTILIZE A SURGICAL TECHNIQUE THAT DOES NOT REQUIRE GENERAL ANESTHESIA, AND THAT CAN BE PERFORMED UNDER AUSTERE CONDITIONS.

(3) U.S. MILITARY ENTOMOLOGIST WILL CONDUCT ENTOMOLOGICAL SURVEY TRAINING FOR U.S. AND MAURITANIAN MILITARY AND CIVILIAN EPIDEMIOLOGISTS, INCLUDING MOSQUITO TRAPPING AND IDENTIFICATION TECHNIQUES. THIS TRAINING WILL ENABLE U.S. PERSONNEL TO BETTER PERFORM THEIR MISSION UNDER DEPLOYMENT CONDITIONS AND WILL FAMILIARIZE THE MAURITANIANS WITH U.S. PROCEDURES TO ALLOW THEIR EFFECTIVE PARTICIPATION IN ENTOMOLOGICAL SURVEY ACTIVITIES. THESE PERSONNEL WILL ALSO PRACTICE EVALUATION OF OTHER HEALTH THREATS IN THE AREA SUCH AS WATERBORNE DISEASE OR ENVIRONMENTAL ILLNESSES AND WILL BE RESPONSIBLE FOR FORCE HEALTH PROTECTION OF U.S. PERSONNEL PARTICIPATING IN THE EXERCISE.

(4) U.S. MILITARY DENTAL PERSONNEL WILL DIAGNOSE AND TREAT DENTAL PROBLEMS TO INCREASE THEIR ABILITY TO WORK IN A THIRD WORLD SCENARIO AND GIVE THEM HANDS-ON EXPERIENCE WITH A WIDE ARRAY OF MEDICAL AND DENTAL PROBLEMS. DENTAL TEAMS WILL PROVIDE NON-RECONSTRUCTIVE DENTAL CARE AND PREVENTIVE DENTAL CARE INSTRUCTION TO THE CIVILIAN POPULATION WHILE WORKING TOGETHER WITH MAURITANIAN MILITARY AND CIVILIAN DENTISTS.

(5) U.S. VETERINARIANS WILL IMPROVE THEIR ABILITY TO RECOGNIZE LOCAL ANIMAL DISEASES AND ENVIRONMENTAL CONDITIONS AND TO RECOGNIZE AND COUNTER THREATS TO U.S. WORKING DOGS AND TO U.S. PERSONNEL FROM LOCAL FOOD SOURCES.

(6) PROVISION WILL BE MADE FOR APPROPRIATE EMERGENCY MEDICAL CARE AND EVACUATION FOR U.S. PERSONNEL.

B. EXERCISE OBJECTIVES:

(1) TO TRAIN MEDICAL PERSONNEL ON ORGANIZATIONAL DEPLOYMENT.

(2) TO TRAIN MEDICAL PERSONNEL ON JOINT/COMBINED MEDICAL OPERATIONS.

(3) TO CONDUCT HUMANITARIAN/CIVIC ASSISTANCE TO INCLUDE EXCHANGE OF MEDICAL INFORMATION BETWEEN U.S. AND MAURITANIAN HEALTH CARE PROVIDERS.

C. METL TRAINING OBJECTIVES:

(1) UNIT TRAINING FOR MISSIONS OTHER THAN WAR.

(2) JOINT/COMBINED TASK FORCE PLANNING AND OPERATIONS.

(3) RAPIDLY DEPLOY A MEDICAL FORCE.

(4) REDEPLOY THE MEDICAL FORCE.

(5) PERFORM COMBAT HEALTH SUPPORT FOR A JOINT AND COMBINED OPERATION TO INCREASE EFFICIENCY OF ALLIED-U.S. COMBINED OPERATIONS.

D. EXERCISE AUTHORITIES:

(1) COMMAND RELATIONSHIPS:

(A) USCINCEUR IS THE SUPPORTED CINC.

(B) USCINCSOC AND USTRANSCOM ARE SUPPORTING CINCS.

(C) USAFE AND USNAVEUR ARE SUPPORTING COMPONENTS.

(D) USCINCEUR DELEGATES OPCON OF ALL USCINCEUR ASSIGNED ASSETS SUPPORTING THE EXERCISE TO COMMANDER, 100TH VETERINARIAN DETACHMENT.

(2) USCINCEUR IS DESIGNATED AS THE OFFICER SCHEDULING THE EXERCISE (OSE).

(3) CDR USAREUR IS DESIGNATED AS THE OFFICER CONDUCTING THE EXERCISE (OCE).

E. TASKS TO PARTICIPATING COMMANDS:

(1) USEUCOM: AS THE OSE, USEUCOM WILL:

(A) PROVIDE POLICY OVERSIGHT AND COORDINATE REQUIRED EXERCISE SUPPORT.

(B) PLAN, SCHEDULE, AND MANAGE STRATEGIC DEPLOYMENT AND REDEPLOYMENT OF U.S. PERSONNEL TO AND FROM THE EXERCISE LOCATION.

(C) PROCURE AND MANAGE FUNDING FOR ALL STRATEGIC LIFT.

(D) PROCURE AND MANAGE DISBURSEMENT OF DEVELOPING COUNTRY COMBINED EXERCISE PROGRAM (DCCEP) AND HUMANITARIAN AND CIVIC ASSISTANCE (HCA) FUNDS.

(E) COORDINATE PUBLIC AFFAIRS POLICY AND MEDIA GUIDANCE.

(F) APPOINT OCE.

(G) INVESTIGATE AND COORDINATE AS APPROPRIATE THE INVITATION OF ALLIED MEDICAL OFFICERS

(2) CDR USAREUR: APPOINTED AS OCE. AS OCE CDR USAREUR IS RESPONSIBLE TO:

(A) PLAN AND EXECUTE USAREUR PARTICIPATION IN EXERCISE MEDFLAG 00-2.

(B) APPOINT EXERCISE COMMANDER FOR ALL U.S. FORCES SUPPORTING THE EXERCISE ONCE FORCES ARE IN MAURITANIA.

(C) ENSURE USAREUR TPFDD DATA FOR USEUCOM VALIDATION NLT 20 JUN 00.

(D) PROVIDE ONE TASK ORGANIZED MEDICAL TEAM TO:

(1) CONDUCT MISSION ESSENTIAL TASK LIST (METL) TRAINING.

(2) RENDER HCA TO MAURITANIAN CIVILIANS.

(E) COORDINATE WITH MAURITANIA FOR THE MOVEMENT OF U.S. EQUIPMENT, SUPPLIES, AND MATERIAL AND THE PROVISION OF SECURITY PERSONNEL TO EACH EXERCISE SITE DURING ALL PHASES OF THE EXERCISE.

(F) THE OCE IS RESPONSIBLE FOR THE FORCE PROTECTION OF ALL DOD FORCES DEPLOYED IN SUPPORT OF THIS EXERCISE AND WILL DEVELOP AN ANTI-TERRORISM/FORCE PROTECTION PLAN PRIOR TO DEPLOYMENT OF FORCES TO THE EXERCISE LOCATION.

(G) ESTABLISH LOCAL THREATCON POSTURE AND SECURITY MEASURES APPROPRIATE TO COUNTER EXISTING THREAT. IMMEDIATELY REPORT TO USEUCOM ETCC ANY INCREASE IN THE THREAT LEVEL AND/OR CHANGE IN THREATCON.

(H) ENSURE PERSONNEL DEPLOYED TO SUPPORT THIS EXERCISE RECEIVE LEVEL 1 ANTITERRORISM/FORCE PROTECTION TRAINING AND A COUNTRY SPECIFIC THREAT ASSESSMENT BRIEF. USCINCEUR OPORD 98-01, PROTECTION GUIDANCE, IS ON USEUCOM/ECSM SECRET INTERNET PROTOCOL ROUTER NETWORK (SIPRNET) HOMEPAGE AT THE FOLLOWING ADDRESS:
[HTTP://WWW.EUCOM.SMIL.MIL/ECSM/](http://WWW.EUCOM.SMIL.MIL/ECSM/) (ALL LOWER CASE).

(I) MEDICAL. ENSURE ALL PERSONNEL DEPLOYING IN SUPPORT OF THIS MISSION COMPLY WITH FORCE HEALTH PROTECTION REQUIREMENTS, INCLUDING HEALTH THREAT BRIEFINGS AND IMMUNIZATIONS AS PRESENTED IN USCINCEUR MSG DTG 060618Z DEC 99, AVAILABLE AT THE USEUCOM UNCLASSIFIED WEBSITE, WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM (ALL LOWER CASE).

(J) DETERMINE AND PROVIDE HCA FUNDING REQUIREMENTS TO SUPPORT THE OUTREACH PORTION OF THE EXERCISE TO USEUCOM, ATTN: ECJ4-ID/HA NLT 1 JUN 00 IN ORDER TO ENSURE TIMELY DISTRIBUTION OF FUNDS. SUBMIT ITEMIZED LIST OF CONSUMABLE MEDICAL SUPPLIES THAT WILL BE PURCHASED WITH HCA FUNDING.

(K) IN COORDINATION WITH AMEMBASSY NOUAKCHOTT, MAURITANIA,

DETERMINE AND PROVIDE DCCEP FUNDING REQUIREMENTS TO SUPPORT THE EXERCISE TO USEUCOM NLT 1 AUG 00 IN ORDER TO ENSURE TIMELY DISTRIBUTION OF FUNDS.

(L) COMPILE EXERCISE AAR UPON COMPLETION OF EXERCISE AND ELECTRONICALLY FORWARD AAR IN JULLS FORMAT TO HQ USEUCOM ECJ37 NLT 27 NOV 00.

(M) COMPILE HCA AAR UPON COMPLETION OF EXERCISE AND FORWARD AAR TO HQ USEUCOM ECJ4-ID/HA NLT 27 NOV 00.

(3) USCINCSOC RESPONSIBLE TO:

(A) PLAN AND EXECUTE SOF SUPPORT TO MEDFLAG 00-2.

(B) PROVIDE CIVIL AFFAIRS PERSONNEL TO ADVISE/ASSIST MEDFLAG COMMANDER, PROVIDE INPUT TO AGREEMENTS WITH HOST NATION AND PROVIDE INTERFACE BETWEEN CIVIL AUTHORITIES, NGO'S, PVO'S AND U.S. FORCES.

(C) ENSURE SOCOM ASSETS TO SUPPORT MEDFLAG 00-2 ARE INCLUDED IN THE TPFDD NLT 20 JUN 00.

(D) PROVIDE AAR COMMENTS IN JULLS FORMAT TO USAREUR NLT 31 OCT 00.

(4) USTRANSCOM: IN CONJUNCTION WITH EUCOM J37, SCHEDULE AND VALIDATE U.S. STRATEGIC TRANSPORTATION REQUIREMENTS.

(5) USNAVEUR AND USAFE RESPONSIBLE TO:

(A) COLLECTIVELY PROVIDE DESIGNATED MEDICAL PERSONNEL TO INSTRUCT AND PARTICIPATE IN MEDFLAG 00-2 AS COORDINATED WITH USAREUR AND USEUCOM ECJ4-MR.

(B) ENSURE PERSONNEL TO SUPPORT MEDFLAG 00-2 ARE INCLUDED IN THE TPFDD NLT 20 JUN 00.

(C) PROVIDE AAR COMMENTS IN JULLS FORMAT TO USAREUR NLT 31 OCT 00.

(6) AMEMBASSY NOUAKCHOTT, MAURITANIA:

(A) REQUEST COORDINATION WITH THE GOVERNMENT OF MAURITANIA (GOM) TO DETERMINE THEIR REQUIREMENTS FOR REIMBURSEMENT FOR PARTICIPATION IN MEDFLAG 00-2 UNDER TITLE 10, DCCEP. INFORMATION WILL BE COORDINATED WITH USAREUR AND PROVIDED TO HQ, USEUCOM ECJ37 NLT 1 AUG 00 IN ORDER TO ENSURE TIMELY DISTRIBUTION OF FUNDS.

(B) REQUEST COORDINATION OF SOFA AGREEMENT WITH GOM.

(C) REQUEST COORDINATION OF EXERCISE SUPPORT REQUIREMENTS WITH GOM.

(D) REQUEST COORDINATION FOR PLANESIDE VISA WITH GOM.

F. REMAINING EXERCISE MILESTONES:

MAY 00 - SITE SURVEY ATAR

01 JUN 00 - HCA FUNDING REQUIREMENTS DUE TO USEUCOM

20 JUN 00 - AIRLIFT TPFDD DUE TO USEUCOM

30 JUN 00 - AIRLIFT TPFDD VALIDATION TO USTRANSCOM

10 JUL 00 - RECONFIRM PROJECT FUNDING (HCA, DCCEP)

24 JUL 00 - SMEB DUE TO USEUCOM FROM USAREUR

31 JUL 00 - SMEB DUE FROM USEUCOM TO JCS

31 JUL - 05 AUG 00 - FINAL PLANNING CONFERENCE

01 AUG 00 - DCCEP FUNDING REQUIREMENTS DUE TO USEUCOM

08 SEP 00 - CRITICAL CANCELLATION DATE

15 - 26 SEP 00 - MEDFLAG 00-2 FTX, ALEG, MAURITANIA

27 NOV 00 - MEDFLAG 00-2 AAR DUE TO USEUCOM

G. EXERCISE SCHEDULE:

15 SEP 00 - CMJTF DEPARTS HOME STATION

16 SEP 00 - CMJTF ARRIVES NOUAKCHOTT, MOVES TO ALEG, AND ESTABLISHES BASE CAMP

17 SEP 00 - OPENING CEREMONY

18 - 23 SEP 00 - TRAINING AND COOPERATIVE MEDICAL ASSISTANCE ACTIVITIES IN AND AROUND ALEG

24 SEP 00 - LOAD-OUT AND MOVEMENT TO NOUAKCHOTT

25 SEP 00 - CLOSING CEREMONY, CULTURAL DAY, PREP FOR REDEPLOYMENT

26 SEP 00 - REDEPLOY TO HOME STATIONS

5. SUPPORT:

A. PERSONNEL REQUIREMENTS: PERSONNEL PARTICIPATING IN THE EXERCISE MUST HAVE A VALID PASSPORT AND VISA FOR MAURITANIA.

B. ADMINISTRATION:

(1) DEPLOYMENT PLANNING: JOPES WILL BE USED FOR DEPLOYMENT PLANNING. PARTICIPATING HEADQUARTERS WILL INPUT DEPLOYMENT DATA INTO JOPES NLT 20 JUN 00. FTX TPFFD DEPLOYMENT AND REDEPLOYMENT DATA WILL BE ENTERED IN OPLAN 4000X, M2F.

(2) EXERCISE AFTER ACTION REVIEW (AAR): AN AAR IN JULLS FORMAT (SUMMARY, ASSESSMENT, AND INDIVIDUAL) WILL BE SUBMITTED ELECTRONICALLY BY USAREUR TO HQ USEUCOM ECJ37 NLT 27 NOV 00.

(3) HCA AAR: AN HCA AAR WILL BE SUBMITTED ELECTRONICALLY BY USAREUR TO HQ USEUCOM ECJ4-ID NLT 27 NOV 00. REPORT WILL BE SUBMITTED IN THE FOLLOWING FORMAT:

(A) LOCATION OF HCA PROJECT(S).

(B) TYPE AND DESCRIPTION OF HCA PROJECT(S).

(C) INCLUSIVE DATES OF HCA PROJECT(S).

(D) UNIT DESIGNATION(S) AND NUMBER OF U.S. FORCES PARTICIPATING.

(E) U.S. COST OF HCA CONSUMABLES IN DOLLARS.

(F) OBJECTIVES ACHIEVED:

(1) HOW DID THE HCA ACTIVITY SERVE THE INTERESTS OF BOTH THE U.S. AND HOST COUNTRY?

(2) HOW DID THE HCA ACTIVITY PROMOTE SPECIFIC OPERATIONAL READINESS AND/OR SKILLS OF THE U.S. ARMED FORCES PARTICIPATING IN THE ACTIVITY?

C. FUNDING: USEUCOM CURRENTLY ANTICIPATES THE FOLLOWING FUNDING ISO THIS EXERCISE:

(1) JCS STRATEGIC LIFT TO DEPLOY AND REDEPLOY ALL U.S. PARTICIPANTS.

(2) DCCEP FUNDS (10 USC 2010) OF \$25K FOR INCREMENTAL CONSUMABLE EXPENSES (SUCH AS FUEL AND TRANSPORTATION) FOR MAURITANIAN MILITARY FORCES.

(3) HCA FUNDS (10 USC 401) OF \$50K TO FUND MEDICAL OUTREACH

CONSUMABLE SUPPLIES AND MATERIEL.

(4) JCS EXERCISE INCREMENTAL COSTS ARE A COMPONENT RESPONSIBILITY.

6. COMMAND AND SIGNAL: COMMAND RELATIONSHIPS STATED IN PARAGRAPH 4.

A. OPREP 3 REPORTS WILL BE REQUIRED IAW CURRENT REGULATIONS. IN THE CASE OF SERIOUS INJURY OR DEATH OF ANY U.S. PERSONNEL, A VERBAL REPORT IS REQUIRED IMMEDIATELY UP THE CHAIN OF COMMAND TO THE EUROPEAN THEATER COMMAND CENTER.

B. THE FOLLOWING EVENTS REQUIRE REPORTS THROUGH USAREUR TO EUCOM J37:

(1) COMPLETION OF DEPLOYMENT

(2) COMPLETION OF EXERCISE

(3) COMPLETION OF REDEPLOYMENT

(4) SITREPS AS REQUIRED BY SIGNIFICANT EVENTS

7. EXERCISE POC'S:

A. HQ USEUCOM J37: LTC DAVE ZOOK, DSN 430-4156.

B. HQ USEUCOM ECJ4-MR: LTC BOB JORDAN, DSN 430-5864.

C. HQ USEUCOM ECJ4-ID/HA: MR. DAVID ZIMMERMAN, DSN 430-8836.

D. HQ USEUCOM PAO: LTC HUNTLEY, DSN 430-8010.

E. HQ USAREUR ODCSOPS-EX, MAJ GARY BLOOMBERG, DSN 370-6524.

F. HQ USAREUR ODCSOPS-MD, CPT MARVIN EMERSON, DSN 371-2890.

G. HQ 30TH MED BDE, G3 PLANS: MAJ JOHN TABER, DSN 371-2555.

H. USDAO DAKAR, MAJ BILL GODBOUT, COMM 221-823-6527.

APPENDIX C

Example of MEDFLAG Checklist

MEDFLAG CHECKLIST

** = To be addressed at Site Survey

ADMIN

Letter of Instruction

Letter of Appointments for Team Members

**Memorandum of Understanding (MOU) - Exercise Agreement with Embassy

Reproduction Plans with Embassy (Copying paper); e-mail and phone access

**U.S. Money Exchange services: \$50 & \$100 lots on arrival and prior to cultural day

**Dress Code—appropriate civilian attire for cultural day

AIRPORT

**Availability of forklifts (large-for aircraft pallets) visualize and trucks (MOU for donnage: 4X4X8's under pallets)

Large forklift at base camp for redeployment and palletizing

**Support: Embassy taxes and landing fees work with AMC

Fuel

Ramp

Lighting

Security of supplies between transport and delivery to base camp if all if we need to make more than one trip to base camp.

AIRLIFT/AMCC

**Arrival Date (3-day window). Ensure Embassy is aware of 3-day window

**Departure Date (3-day window)

Guaranteed/confirmed airlift w/AMCC

Airlift Contingency Plan (phone # and emergency airlift plan)

BASE CAMP

**Communications: Comm expert required for mission, INAMORATAS (3) to land lines. Phones (cell phones), Radios, Fax (hard phone lines necessary)

**Electricity (type and # of outlets, plugs and adapters)

Fans- 5 or 6 floor fans in troop supplies or purchase in country

**Fixed Facilities

**Garbage/Waste Plan (MOU) (PREVMED / EPMU)

Containers

Removal

Bio-hazardous: MUST NOT TAKE TO LOCAL DUMP, CONSIDER EMBASSY CONTRACT TO BURN IF FACILITIES AVAILABLE

Equipment to load/unload equipment

**Toilet facilities

****Insect Disease Vector (PREVMED / EPMU)**

Restrictions on burning, insecticide spraying, mow grass, clear area (?contract), snakes

****LOCATION (PREVMED / EPMU)**

****Perimeter/Security:** fenced enclosed and 24 hour guards

****Prevailing winds (PREVMED / EPMU)**

****Recreation/Activities:**

Form "Entertainment committee"; Donations from base facilities (videomart, Exchange, commissary). T-shirts, car wash, picnic at Marine barracks for Embassy to kick off MEDFLAG, arrange use of Marine barracks for days off, i.e. Cultural

Sports: volleyball, basketball, Frisbee, videos (TV/VCR)

Videomart to loan old movies, Music; Boom-box

Central area for dining, tables and chairs

****Refrigeration (MOU)** Possible to bring refrigerator along on pallet

Daily Ice: (consider reusable ice packs in Coolers)

Food

Medications

Blood (Contact EUCOM JBPO)

Immunizations: consider back-up generator

****Refurbishment of barracks/hotels, military school house etc. (MOU)**

Showers: Insure water supply morning and evening and # of showers we take (1/day /person)

Sleep Rooms with Screens; small rooms best with 10-12/room and fan

Bring cots, netting, sheets, pillows

Bed netting crucial(Permethrin)

****Soil type (sand/rock, gravel)**

****Storage Space:** equivalent to 2-3 rooms

****Tents (available through Embassy?)** avoid if possible

Need/space

Showers

CEREMONIES? (Embassy to handle)

****Opening Ceremony**

****Closing Ceremony**

Location

Protocol

****Official gifts (appropriate):** Leathermans to MEDCAP villages for chief and elders order through stock item. Donated toys and clothes

Embassy to supply names and titles at site survey to make plaques at home station prior to deployment.

(Similar to Hail and Farewell plaques)

Color printer/computer with certificates to make extra certificates and insert names.

COMMUNICATIONS

****Base Camp (MOU): LANDLINE**

to Embassy

to EUCOM/Component

to MEDCAPs: INMARSATs vs cell phones

Bull horn

Cellular phones/PRC-127

Communication Plan (Available frequencies) Embassy communication rep

Land line for a phone a base camp w/fax machine

Lap Top w/printer: Consider packing a desktop

Radios for convey to maintain comm with last vehicle. Keep a U.S. personnel in last truck to insure safe arrival

DATES

- **Advance Party (ADVON) 5-10 days prior: Public health, operations or logistics, senior medical (Deputy commander) to handle training, MASCAL set-up.
- **Exercise

EMBASSY

- **Country Maps
- **Country Clearance Request
 - **Health Clinic
 - Capabilities: Lab, MedEvac procedures, local facilities or physicians, HIV testing locally
 - Medications: Rabies IG and vaccine
 - Blood: Contact EUCom JBPO for guidance.
 - **Incorporate embassy rep into MEDCAPs
- **Identify NGOs / PVOs.
- **Ministry of Health and Defense involvement
- **Passport & Visa requirements for exercise participants
- **Credentialing of Medical Staff

FORCE PROTECTION/SECURITY (MOU)

- **AT ALL SITES: 10-12 host nation military troops/site for crowd control
- **Support
 - food
 - berthing
 - transportation
 - communications

Specific Force Protection guidance will be a part of the Exercise Directive message.
- **Early EVAC plan

INITIAL PLANNING CONFERENCE/SITE SURVEY

- **Berthing
 - **CHECKLIST ITEMS
 - **Civil Affairs: helpful to have 1-2 U.S. military interpreters to be sure the message gets across
- **Coordination
 - Embassy
 - MOH
 - Local Hospitals: Capabilities, visit at site survey
 - Local Medical Schools: Advise during site survey that we would like tour of Leper colony, or other interesting disease camp for our providers. Also possibility of medical students to accompany us to MEDCAPs, training, to act as interpreters.
 - NGOs / PVOs
 - Civilian Health Services
- Identify Shortfalls
- BRING IMMUNIZATION PRICE LIST (1000 immunizations/day/MEDCAP site) go with 2 immunizations, 1/arm. Consider Yellow fever, MMR, polio
- **Temperature/Climate for EX
- **Translators (Medical students)

**Videos, pictures, footprints of MEDCAP sites (home station)

MEDEVAC/SICK CALL

Morning formation and afternoon de-briefs

Daily Sick Call Plan and staff (rotate physicians)

**Medical Evacuation Plan for U.S. personnel

**Location and Capabilities of Civilian Hospitals

**Review Embassy Medical Facilities

MESSING

MREs: Order MRE bread, new veggie Army MREs order 25-33%,

Orange juice small boxes

Feeding local nationals at MEDCAP sites consider \$1/day to get local

chef to cook for the local nationals, cheaper than MREs

**Feeding of local nationals?

Try to come up with an agreement with host nation to support messing of local personnel

**Local restaurants? Suitability

**Availability of fresh fruit (pineapples, mangos) dipped in chlorine rinse prior to eating and/or bottled water (contract)

MISCELLANEOUS

Med Photo experience corps staff w/camera? (digital camera is preferable)

**Prevalent illnesses expected to encounter and first-line medication
used in Tanzania to treat

**Emphasize primary care nature of mission

**Vet services wanted?

Schedule every other week meetings (entire morning or afternoon) until 6-8 weeks out then every week meetings.

PERSONNEL (U.S. MILITARY)

of participants (Between 50-80 Personnel)

Chaplain/lay-minister

Immunizations

Premethrin crème 35%, spray for clothing

POC Optometry: _____

Dental: _____

Know prior to deploying:

Blood types

G-6-PD status of troops

HIV status

HBsAb titers

Uniform Requirements

Web Gear/Canteens, Sea bag list, Mosquito Netting and premetherin

Alcohol policy: OK at cultural day and local dinner, NOT at base camp

Passport: Gov't (Official) or civilian (tourist)

VISA: Is this required? Can this be waived.

PHARMACY

Troop only items:

ACLS bag

Cipro

Lifepak 10
 Imodium
 Understocked Items in past:
 Ivermectin
 Multivitamins
 Premethrin
 Silvadene Cream
 IM Antibiotics (Rocephin)
 PO quinine
 OCP's and Provera
 IV Tubing
 Vermox
 **Vitamin A: prevention of nightblindness Optometry: 200,000 PO qd X 2
 then repeat 1 dose in 1 week
 Pre-printed labels

PHASE 1 – MEDICAL INTEROPERABILITY TRAINING (Leader: _____)

**# of Students include fighters, civilian EMTs and health personnel
 Certificates
 **Classroom Equipment (MOU)
 Overheads, transparencies
 Slide projectors
 Powerpoint (?)
 **Classroom Supplies (bring extras)
 Paper, Pens, Notebooks 3-hole, Textbooks, Easels, Chart Packs, chalk
 **Electricity Source – plugs, outlets, adapters (MOU)
 **Experience level of students/background
 Lesson Plans: Double amount of handouts we bring
 **Location of training (MOU) (At or near base camp best)
 Suitable environment
 **Schedule (3 days of training best, max 4); 0800-1200 & 1300-1600.
 **Storage space
 **Student Support- host nation responsibility
 Food
 Water
 Billeting
 Topics: 2 groups;
 Physicians: Trauma management, triage, mass casualty
 EMTs, nurses: CPR, self/buddy care, EMT
 **Tours and/or medical experiences at local hospitals
 Training Manuals (Old ACLS/BLS Books), CPR dummies, intubation heads
 **Transportation (MOU)

PHASE 2- MASS CASUALTY (Leader: _____)

**Communication Plan: Civil affairs: radios, walkie-talkies
 **Location of MASCAL: disaster site not at base camp, but may use base camp as hospital sites
 **Location of debrief
 **Local NDMS System (Local Plan) Stress joint involvement with Fire Department, Ambulance Services
 Moulage (training morning of event), bring old moulage kits for disaster drill
 Patient Categories
 **Role Players: junior troops (# of casualties) 30-70

**Scenarios (see attached) choose early to disseminate to interested personnel agencies. These agencies should send people to attend training. A list to each agency to tell them what to do for disaster.

****Support**

Food

Water

****Transportation**

****Translators**

****Triage Tags (NATO)**

PHASE 3 – MEDCAPs (Team Leader: _____)

Body Fluid precautions

Masks, glasses, gloves, foam hand washing soap, paper washcloths

Encourage Civil Affairs to accompany us to MEDCAP sites and help with communications, set-up, pt flow, etc.

**Crowd Control (fences), lots of barrier tape(cloth) if possible, for open areas stand alone poles (bring wood and nails to make 4-5 posts), place guard at entrance and allow 4-5 people at a time into the triage area

****Daily Build List**

MRE, H2O, Tents(2-3), Folding Chairs(20), Tables(16-20), Signs and Communication, heads, handwashing stations with chlorinated water and soap, generators

Make 2-3 plywood seats for head

Draw footprints of village areas

Dental requires light source? Battery source, open tents

Develop Patient Flow plan

Doptone

****Electricity available: OPTOMETRY requires**

****Facilities available**

****Head (toilet):** make 2-3 type of seats prior to leaving

HIV chemoprophylaxis protocol for staff (2 weeks treatment for 3-5 patients)

****Hours of operation (establish cut off point):** Leave at sunrise and break down at 1600. Sunrise and sunset:

****Immunizations (MOU?):** Under separate temper tent, ? Vermox at end

What and how will be documented

Identify recent government sponsored immunizations

Documentation of immunizations after immunizations given

2-4 immunization tables with 4-5 people/table

Infection Control Plan

HAZMAT Control Plan (sharps and orange bags) bring back from sites

Lab capabilities? (microscope, centrifuge, urine dip, rapid malaria tests(?cost), stains for preparing thick and thin smears, blood tubes for HIV, Hepatitis, Fabrication Lab (EUCOM)

Lights

Medical Records (Documentation): Triage card pre-printed SOAP(4000), guard triage tickets

****Medication Restrictions**

Medication List (providers given opportunity to review)

Minor Surgery Sets: 2-4/site, consider individual scalpel handles, hemostats, forceps, scissors and sterilize in iodine or Clorox.

Look into field surgical sets

****NGO/PVO and MOH Coordination**

Optometry requires electricity, dark room, window covers

Population estimates (Dental 50-75 pts/day; optometry 50 pts/day; medical 300-500 pts/day)

**Rewards at Exit. e.g. toothbrushes, ORS packets, chewable vitamins(10/pk), hard candy, soap (ideas)

**Sites

Establish sites close to base camp at the beginning to permit learning curve

Space allocation

Supplies

**Transportation: initial MOU

Triage: nurse or PA with translator, non-medical personnel to escort people to appropriate areas

Vital signs: ear thermometer

**Water: Team members responsible for own food and water each day

Use for food, drinking, and cleaning (Clorox)

PRE-DEPLOYMENT TRAINING (home station)

Dates (TBD)

Topics

Identification of Disease

Prev Med measures: bed nets, sanitation, food, water

Customs

Climate

Security Levels

Palletization training

Politics

Slide show of previous MEDFLAGs, AFN video

Site survey review

Tent set-up

Tropical Disease seminar: assign topics to each provider(30 mins)

Classroom location(s)

AV Support

Berthing for Participants (at least 50 pax)

Transportation for Participants

PUBLIC AFFAIRS

**Publicity in villages

Stars and Stripes

AFN, local rep to come along, get with embassy public relations

Service magazine

INTERCULTURAL EXCHANGE DAY

**Locations

**Date

**Force Protection

Possible to arrange safari?

Embassy cultural attaché', dancers, show, dinner

Marines barracks compound for picnic on arrival and prior to departure

SUPPLY LIST

Plastic zip lock bags for meds and treats
 Orange road markers
 Styrofoam Ice Chest
 Medical Chests (Army nesting boxes 10)
 Non-sterile Gloves
 Avoid childproof bottles
 Black-out cloths
 NO WORD labeling (use pictures: sunrise, noon, sunset, moon)
 Generators (hand held) for MEDCAPs
 Supply Team
 Send to Pirmasens, GE (?)
 2 opt, 4 dental, 8 medical, 3 immunization, 1 log,
 Large rolls of bubble wrap

TRANSPORTATION (MOU)

**Drivers: local drivers only, no troops driving!
 License requirements
 Support: food, water, berthing
 **Equipment to off load vehicles
 **Fork Lifts
 **FUEL (gas & oil)
 **Number of people/equipment to be moved
 **Vehicles
 MEDCAP
 types and number available:
 4X4 for command / site
 Deuce ½X 2 for materials, may get by with 1 large truck
 Bus / Truck to transport troops: 10 security, 5 interpreters, 20-25 U.S. troops, Embassy
 usually supplies own ride

BASECAMP

4 X 4 for commander
 Bus or van to transport to local restaurant on rotating basis

TRAINING

Host nation / Embassy supply transport for students (? We pay for gas)

MASCAL

(2) 4 X 4's
 Host nation transports troops/victims to site from moulage
 Use additional resources to help as vehicles of opportunity during exercise

INTERCULTURAL EXCHANGE DAY

Buses to transport 50-75

TRANSLATORS

**Military translators (English/local language)

WATER

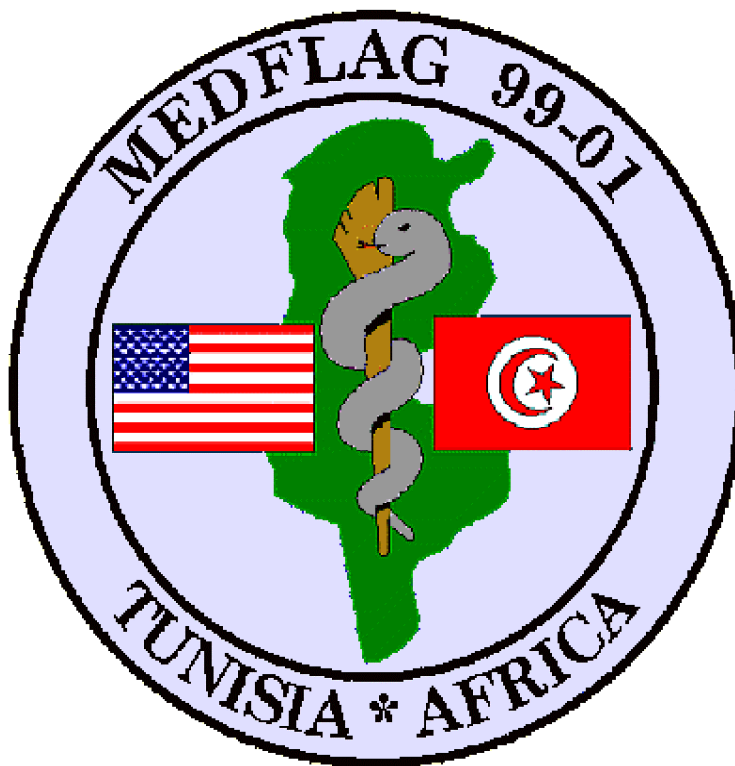
Daily Ration plan

APPENDIX D

Example of MEDFLAG Exercise Handbook

48th Medical Group

MEDFLAG 99-01



Deployment Handbook

TABLE OF CONTENTS

	<u>Page#</u>	
MEDFLAG 99-01 COMMAND STRUCTURE		2
WHAT IS MEDFLAG?	2	
CONCEPT OF OPERATIONS		3
DEPLOYMENT REQUIREMENTS		
PERSONAL BAG/A-BAG	4	
DOCUMENTS	4	
ID TAGS (DOG TAGS)	4	
DEPENDENT CARE RESPONSIBILITIES		4
PERSONAL AFFAIRS	5	
RECORD OF EMERGENCY DATA (DD FORM 93)		5
FAMILY SUPPORT SERVICES	5	
MEDICAL QUALIFICATION FOR DEPLOYMENT		5
TRAVEL TIPS FOR TUNISIA (MSgt Neal)		
CURRENCY REQUIREMENTS		5
BILLETING AND MESSING	5	
DEPLOYED MEDICAL CARE	5	
FAMILY EMERGENCIES	6	
PHOTOGRAPHS	6	
BEHAVIOR	6	
MEDICAL INTELLIGENCE BRIEFING (Capt McCormick)		
GETTING THERE	6	
ATTACHMENTS		
1. PERSONAL BAG REQUIREMENTS		7
2. COMMON FRENCH TERMS		9

MEDFLAG 99-01 COMMAND STRUCTURE / KEY PERSONNEL

Joint Medical Task Force Commander:

Deputy Commander:

First Sergeant:

Project Officers:

_____ – HQ EUCOM
_____ – HQ USAFE
_____ – HQ 3AF
_____ – 48 MDG
_____ – 48 MDG

MEDCAP Team Chief:

Mass Casualty Team Chief:

Medical Didactics Team Chief:

Logistics Officer:

Military Public Health Officer:

WHAT IS MEDFLAG?

The United States European Command (USEUCOM) has organized and executed military medical exercises in Africa called MEDFLAGS since the 1980s. MEDFLAG is a joint military exercise of up to 80 personnel from all the components of the U.S. military (Air Force, Army and Navy) who deploy out of Europe into an African country.

The MEDFLAG team conducts a three-phase exercise lasting about 14 days and then re-deploys back to their respective units in Europe. The three phases of the MEDFLAG include, training for mass casualties or disasters, simulated mass casualty exercise, and Medical Civic Action Programs (MEDCAPs).

In the first phase, interoperability, familiarization, and safety training is conducted with the host nation's military medical personnel in topic areas such as emergency medical procedures, triage, stabilization, evacuation, and (unless conducted prior) disaster planning. The training is a combination of didactic presentations in a classroom setting, demonstrations, and practical exercises.

During the second phase, U.S. and host nation personnel are provided the opportunity to practice their skills in a staged mass casualty exercise. After jointly deciding on a realistic disaster scenario, simulated casualties are moulaged and emergency mobilization of military and civilian medical teams is accomplished. These teams will then conduct triage and initial treatment and evacuate the casualties to local hospitals for more advanced evaluation and treatment. An after action review will follow the exercise and emphasize areas in which the response might be improved.

In the third and final phase of the deployment, the U.S. team will be divided into smaller functional elements for providing medical treatment, dental screenings and treatment, immunizations, and services in rural areas.

MISSION AND CONCEPT OF OPERATIONS

MISSION

The mission of MEDFLAG 99-01 is to deploy a medical team of around 60 Air Force, Army and Navy personnel, for 14 days, to Tunisia to conduct joint training and medical information exchange with the host nation. The mission is divided into three phases, listed below. The phases are prioritized, with the most emphasis being on Phase I, and the least on Phase III. Phase III will be accomplished as time and resources permit and will be consistent with the host nation's needs.

Phase I

- **Joint interoperability training with host nation:** Joint training will be conducted in topic areas such as self-aid and buddy care, emergency medical technician, cardiopulmonary resuscitation, trauma life support, moulage training, emergency Triage, preventive medicine training, and CPR. The training will be a combination of didactic presentations in a classroom setting, demonstrations, and practical exercises.

Phase II

- **Didactic training, practical demonstration and exercises:** Implementation of learned skills by conducting Mass casualty exercise.

Phase III

- **Civic Action Programs**
- **Medical screening, immunizations, consultative services**
- **Exchange of medical information**

DEPLOYMENT REQUIREMENTS

Personal Bag

All personnel must have a personal bag consisting of the items listed in attachment 1. Personnel will be limited to two personal bags (duffel bag or A-3 bag, NO SUITCASES) and one small carry on.

Passport: All personnel must have a valid Official Duty or personal U.S. passport in their possession upon deployment.

VISA: Visas are not required for this deployment.

Military Identification Card: All personnel will deploy with their military I.D. Card.

Immunization Record: Required immunizations are identified in the Medical Intelligence Briefing. All personnel will have their Immunization Records reviewed during one of the mass MEDFLAG briefings and will receive deployment specific immunizations as well as all immunizations that are required. Personnel from other units who cannot attend the mass briefings should take their immunization records to their servicing medical treatment facility, have them reviewed for accuracy, and receive the deployment specific immunizations and any immunizations that are required.

Malaria Prophylaxis

Not required for this deployment.

ID Tags (Dog Tags)

All personnel should have one set of dog tags with one long chain and one short chain. The dog tags should be worn around the neck for the duration of the deployment.

Dependent Care Responsibilities

It is your responsibility to make prior arrangements for care of dependents while you are TDY. If you are a single parent or married to another military member, you must coordinate with your Unit Orderly Room on care of dependents.

Personal Affairs

You should keep your personnel affairs in order at all times. This includes such items as your will, power of attorney, insurance, and financial matters.

Record of Emergency Data (DD Form 93)

You should insure that this form, maintained by Military Personnel Services, is current at all times. You should personally review it to ensure it is, in fact, current.

Family Support Services

Base Family Support Services offers a wide variety of programs that are available to all family members. These programs can be used to support and assist your spouse while you are TDY. Family Support Services maintains several pamphlets specifically for assisting your spouse while you are deployed. Contact your Family Support Services Office

Medical Qualification for Deployment

If you develop a physical condition that may limit your capability to deploy and/or are placed on a Physical Profile immediately notify

TRAVEL TIPS FOR TUNISIA

Currency Requirements

Dollars will be converted to local currency through a courier in country. There are ATMs in Tunis, but not in the area we will be billeted.

Billeting and Messing

All deploying personnel will lose their Basic Allowance for Subsistence (BAS) for the duration of the deployment. You may have an opportunity to eat at approved pre-determined restaurants. Three Meal-Ready-to-Eat (MREs) will be issued daily. Of course this is not an ideal situation, however various limitations and environmental factors direct this messing plan and the meal schedules may be changed by the day's events.

Deployed Medical Care

Sick call will be held daily for all deployed personnel.

Family Emergencies

Emergencies will be handled through the deployment First Sergeant and Commander. Advise family members at home to contact the local American Red Cross office to report an emergency. This is also another opportunity to remind you to update your emergency data card at the MPF.

Photographs

DO NOT TAKE PHOTOGRAPHS OF, OR NEAR, PUBLIC BUILDINGS OR MILITARY INSTALLATIONS IN TUNISIA. If you feel you must take a picture in the vicinity of any government buildings, please ask first. There is no problem taking pictures of any of the sights except military installations and equipment, to include the flightline.

Photographs of military installations and equipment require prior approval from the Tunisian military.

Behavior

As with any other visit to a foreign country, our behavior is critical. We do not want to offend any member of our host nation in either an official or unofficial capacity. As such, we will follow our normal standards of dress and appearance that prohibit wearing clothing with offensive pictures/phrases. We will also remain sensitive to the Tunisian culture and their customs whenever possible. More information on what is considered acceptable will follow. The thing to remember is to remain flexible in your tolerance, and to represent the USAF in the best possible light.

MEDICAL INTELLIGENCE BRIEFING

GETTING THERE

The means of travel has not been finalized prior to printing this pamphlet. The team will deploy by military aircraft: probably two C-141s. Remember the military aircraft is primarily designed for transporting cargo. When the aircraft is configured for cargo travel, your comfort is not the primary concern. It may be cramped and the climate may not be controllable. Be prepared for cold temperature en-route if military aircraft deploys us, have a field jacket or warm gear available.

Cargo aircraft are also very noisy; adequate hearing protection is required to prevent hearing loss. Earplugs will be available to personnel departing from Ramstein prior to boarding. For those departing from other units the loadmaster aboard the aircraft usually has earplugs.

Also, we recommend you bring a canteen of water for the flight and any snacks you may want. An in-flight boxed meal may be provided prior to landing.

Attachment 1:

Personal Bag Requirements

This list is recommended for your personal bag. Remember that your comfort depends on what you bring. It is highly recommended that you MARK your personal items with indelible ink

Male

- ☐ 1 - Dog Tags
- ☐ 2 - Belts w/buckle
- ☐ 2 - BDU caps
- ☐ 4 - BDU uniforms
- ☐ 1 - Pair combat boots
- ☐ 6 - Socks (or more)
- ☐ 6 - T-shirts (or more)
- ☐ 6 - Undershorts (or more)
- ☐ 3 - Towels (or more)
- ☐ 3 - Face/washcloths
- ☐ 1 - Shower clogs/shoes
- ☐ 1 - Web Gear w/canteen
- ☐ 1 - Glasses (no contacts)
- ☐ Casual civilian clothing

Female

- ☐ 1 - Dog Tags
- ☐ 2 - Belts w/buckle
- ☐ 2 - BDU caps
- ☐ 4 - BDU uniforms
- ☐ 1 - Pair combat boots
- ☐ 6 - Socks (or more)
- ☐ 6 - T-shirts (or more)
- ☐ 6 - Underpants and bras
- ☐ 3 - Towels (or more)
- ☐ 3 - Face/washcloths
- ☐ 1 - Shower clogs/shoes
- ☐ 1 - Web Gear w/canteen
- ☐ 1 - Glasses (no contacts)
- ☐ Casual civilian clothing

Conservative civilian clothing is the rule. The following will not be worn in Tunisia: **Short skirts, Tanktops, T-shirts, open-toe shoes, and worn jeans.** Jeans may be worn only at the base camp. Men's shirts must have a collar. Cultural exchange events are planned for personnel down time, this is a privilege. If you wear unacceptable attire you will be directed to change and not allowed to participate in scheduled activities.

Toiletry Kits**Male**

- ☐ Shaving Cream
- ☐ Disposable razors
- ☐ Deodorant Stick (unscented)
- ☐ Soap (unscented)
- ☐ Shampoo (unscented)
- ☐ Absorbent Powder (foot/body)
- ☐ Toothbrush w/container
- ☐ Toothpaste
- ☐ Comb, brush
- ☐ Prescription items (30 days)

Female

- ☐ Lotion
- ☐ Feminine products (if needed)
- ☐ Deodorant Stick (unscented)
- ☐ Soap (unscented)
- ☐ Shampoo (unscented)
- ☐ Absorbent Powder (foot/body)
- ☐ Toothbrush w/container
- ☐ Toothpaste
- ☐ Prescription items (30 days)

Personal Papers

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Travel Orders |
| <input type="checkbox"/> ID Card | <input type="checkbox"/> Immunization Record |

Additional Suggested Items

These items may come in handy and make the deployment a little more comfortable

- | | |
|--|---|
| <input type="checkbox"/> Alarm clock (not electric) | <input type="checkbox"/> Pad lock |
| <input type="checkbox"/> Athletic Shoes | <input type="checkbox"/> Pens, pencils, paper |
| <input type="checkbox"/> Camera w/extra film (cheap) | <input type="checkbox"/> Personal self-aid kit |
| <input type="checkbox"/> Candy/Snacks (individually wrapped) | <input type="checkbox"/> Pocket Knife |
| <input type="checkbox"/> Clothes Pins | <input type="checkbox"/> Rain Gear (poncho) |
| <input type="checkbox"/> Exercise Clothing (sweats) | <input type="checkbox"/> Reading/Hobby Material |
| <input type="checkbox"/> Extra Boots | <input type="checkbox"/> Sewing Kit w/safety pins |
| <input type="checkbox"/> Extra Laces | <input type="checkbox"/> Shoe Polish Kit |
| <input type="checkbox"/> Extra Pair of Glasses | <input type="checkbox"/> Small Pillow |
| <input type="checkbox"/> Flashlight w/batteries | <input type="checkbox"/> Sun screen |
| <input type="checkbox"/> Inflatable Seat Cushion | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Laundry Bag (mesh type) | <input type="checkbox"/> Toilet Paper |
| <input type="checkbox"/> Laundry Soap | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Lotions (unscented) | <input type="checkbox"/> Walkman |
| <input type="checkbox"/> Mirror | <input type="checkbox"/> Watch |

Suggestions for a self-aid kit include Acetametaphine, Ibuprofen, motion sickness medications, lip balm, antiseptic cream, Band-Aids, sunburn medications, ant-acids, gauze, etc.

Packing Tips

Use clothing in plastic **zip-lock** and **trash bags** to keep them from getting wet if something leaks or your bag gets wet. Pack only battery operated devices; electrical power will be limited or non existent. Remember you may only take **two** (duffel) bags, not to exceed 120 pounds, and one small carry-on for the flight.

Finances

You will need petty cash if you plan to purchase an in-flight meal for the flights. You also need to bring \$50 to be exchanged for additional purchases in country. You may wish to bring additional dollars to be exchanged, BUT remember you can not sell back what you exchange.

Attachment 2:

USEFUL FRENCH PHRASES

<u>ENGLISH</u>	<u>FRENCH</u>	<u>SOUNDS LIKE:</u>
Hello (formal)	Bonjour	Bonzhoor
Hi	Salut	Saloo
How are you?	Comment allez-vous?	Komo talley voo
Please	S'il vous plait	Sea voo play
Thank you	Merci	Mare-see
Good-bye	Au revoir	0 revwah
Mr.	Monsieur	museeur
Mrs.	Madame	madam
Miss	Mademoiselle	Madamoyzel
I [me]	Je [moi]	zhe
You (formal)	vous	Voo
You (familiar)	tu	Too
She	elle	el
We	nous	new
They	ils (elles)	eel (el)
Who?	Qui?	key
What?	Que?	ke
Where?	Ou?	oo
When?	Quand?	kahn
How?	Comment?	komo
Why?	Pourquoi?	pourkwah
One	Un (e)	uhn (oon)
Two	Deux	duh
Three	Trois	twā
Four	Quatre	cat
Five	Cinq	sank
Six	Six	sees
Seven	Sept	set
Eight	Huit	weat
Nine	Neuf	nuf
Ten	Dix	dees
Bed	Lit	lee
Chair	Chaise	shez
Table	Table	talible
Lamp	Lampe	lalimp
Pencil	Crayon	crayo

Pen	Stylo	steelo
Coffee	Café	cafay
Tea	The	tay
Water	Eau	oh
Meat	Viande	viand
Bread	Pain	paft
Sugar	Sucre	sookr
Salt	Sel	sell
Soup	Soupe	soup
Milk	Lait	lay
Carrots	Carottes	carrot
Beans	Legumes	leygooms
Today	Aujourd'hui	Oh Joor dwee
Tomorrow	Demain	deman
Yesterday	Hier	eeair
Now	Maintenant	mantenahn
Quickly	Vit	veet
Slowly	Lentement	lehtumeh
Hospital	Hopital	opeetall
Clinic	Clinique	kleeneek
Doctor	Medicm	Medsa
Nurse	Infirmiere	afeermier
Assistant	Assistant	assisstahn
Mother	Mere	mare
Father	pear	pear
Sister	Soeur	suhr
Brother	Frerw	frehr
Baby	bebe	baybay
Boy	Garcon	garsohn
Girl	Fille	fee
Yes	Oui	we
No	Non	no
Never	Jamais	zhamay
Head	Tete	tet
Eyes	Yeux	yu
Ear	Oreilles	oray
Throat	Gorge	goij
Lungs	Poumon	poomon
Heart	Coeur	kur
Liver	Foi	fwah
Skin	Peau	po
Sick	Malade	malad

Injured	Blesse	blessay
Money	Argent	arghehn
Morning	Matin	mata
Afternoon	Après-midi	apray meedee
Evening	Soir	swahr
Night	Nuit	nwee
Come in	Entrez	ehtray
Please sit down Asseyez-vous, s'il vous assayyea voo plait		
Welcome	Bienvenu	bienvenoo
I come from...	Je viens de...	zhe vien duh
Where do you	D'ou venez-vous?	dew venay voo
Come from?		
What is your name?	Comment vous appelez-	komo vooz applay voo vous?
My name is...	Je m'appelle..	zhe m'appel
I do not speak	Je ne p~e pas francais	zhe neparl paw fransay
French		
It is very good	C'est tres bien	say tray bieh
It is bad	C'est mauvais	say mowvay
It hurts	Ca fait mal	saw fay mal
Excuse me	Excusez-moi	eskoozay mwa
Where is the toilet? Ou est le WC (la toilette)? oo ay lu vay say		
Go away! Allez!		

APPENDIX E

Example of MEDCEUR Directive Message

PATUZYUW RUFGNOA1000 3211600-UUUU--RUFGNOA.
ZNR UUUUU
P R 171406Z NOV 98
FM USCINCEUR VAIHINGEN GE//ECJ37//
TO RHDLCNE/CINCUSNAVEUR LONDON UK//N3/N313A/N612//
RUEASRB/CDR FORSCOM FT MCPHERSON GA//AFOP-JTX/AFOP-TR//
RHCUAAA/USTRANSCOM SCOTT AFB IL
RHCUAAA/HQ AMC TACC SCOTT AFB IL//XOP/XOPEE//
RUFGNOA/USCINCEUR VAIHINGEN GE//ECJ37/ECJ5-E/ECLA/ECPA/ECJ4-MR//
RHFQAAA/HQ USAFE RAMSTEIN AB GE//DO/DOX/DOXE//
RUEHRA/USDAO RIGA LG
RHCUMAC/HQ AMC TACC COMMAND CENTER SCOTT AFB IL//XO/XOP/XOPEE//
RHFQAAA/USAFE AMOCC RAMSTEIN AB GE//AB-GE/XOL//
RUFRQJQ/COMSIXTHFLT
RUFAPUP/NAVHOSP ROTA SP//01//
RUFNPGW/NAVHOSP NAPLES IT//01/POMI//
INFO RUEARNG/ARNGRC ARLINGTON VA//NGB-ARO-OY/NGB-ARZ//
RUEKJCS/JOINT STAFF WASHINGTON DC//J5/J7//
RUFDAAA/CDRUSAREUR HEIDELBERG GE
RUFDAAA/CDRUSAREUR HEIDELBERG GE//AEAGC/AEAGC-IO/AEAGC-RC//
RUEAUSA/CNGB WASHINGTON DC//NGB-Z/NGB-ARZ/NGB-ZI/NGB-ARO//
RUEAUSA/NGB WASHINGTON DC//NGB-IA//
RUEOLIA/621AMOG MCGUIRE AFB NJ//XP//
RHDLCMC/MASTEUR
UNCLAS
SUBJ: MEDCEUR 99-2 EXERCISE DIRECTIVE
RMKS/1. BACKGROUND. THIS "IN THE SPIRIT OF" PFP EXERCISE IS A RESULT OF DISCUSSIONS WITH THE LATVIAN MOD AND THE U.S. PLANNING AND COORDINATION BEGAN IN MAR 1998 FOR A U.S.- LATVIAN MILITARY EXERCISE CONDUCTING MEDICAL TRAINING. MEDCEUR 99-2 WILL BE AN U.S.- LATVIAN BILATERAL EXERCISE.
2. PURPOSE OF THIS EXERCISE DIRECTIVE:
2A. IDENTIFY EXERCISE AIMS AND OBJECTIVES.
2B. DELINEATE EXERCISE AUTHORITIES.
2C. ASSIGN RESPONSIBILITIES AND TASKS WITHIN THE USEUCOM STAFF AND TO COMPONENT COMMANDS THAT ARE NECESSARY TO EXECUTE THE EXERCISE AND THE TRAINING PRECEDING THE EXERCISE.
2D. IDENTIFY SUPPORT REQUIRED FROM OTHER AGENCIES.
2E. IDENTIFY PENDING, KEY EXERCISE PLANNING MILESTONES.
3. EXERCISE DESCRIPTION, AIM, AND OBJECTIVES.
3A. GENERAL DESCRIPTION

3A1. NICKNAME: MEDCEUR 99-2 (SHORT TITLE: M2C)

3A2. FORM/TYPE: ISO PFP BILATERAL MEDICAL TRAINING EXERCISE.

3A3. DATES:

INITIAL PLANNING CONFERENCE: 26-30 OCT 98 RIGA LATVIA

MAIN PLANNING CONFERENCE: 16-20 FEB 99 RIGA LATVIA

FINAL PLANNING CONFERENCE: 20-23 APR 99 RIGA LATVIA

EXERCISE: 28 JUN - 09 JUL 99

3A4. AREA: RIGA LATVIA .

3A5. PARTICIPANTS:

3A5A. NAVEUR

NAVAL HOSPITAL NAPLES AND ROTA

EPMU 7

3A5B. TRANSCOM/AMC:

721AMOS MCGUIRE AFB NJ TALCE SUPPORT

3A5C. OTHERS:

CENTER OF EXCELLENCE, TRIPLER AMC, HAWAII.

3A6. THE EXERCISE OPERATIONAL LANGUAGE WILL BE ENGLISH.

3B. EXERCISE AIM. PROMOTE PFP THROUGH THE DEVELOPMENT OF A COMMON UNDERSTANDING OF PSOS AND ENHANCE MILITARY INTEROPERABILITY BY DEPLOYING COMPONENT CRISIS RESPONSE TEAM (CRT), TRAINING DOCTORS, MEDICAL CORPMEN, AND STAFFS IN THE PROCEDURES REQUIRED TO CONDUCT MASS CASUALTY OPERATIONS IN RESPONSE TO A DISASTER.

3C.EXERCISE OBJECTIVES.

3C1. EXERCISE THE DEPLOYMENT OF THE USEUCOM COMPONENTS CRT.

3C2. FORM AN INTEGRATED U.S.- LATVIAN HEADQUARTERS TO DIRECT THE MEDICAL RESPONSE TO A MASS CASUALTY OPERATIONS.

3C3. REFINE BI-NATIONAL BATTALION COMMAND AND CONTROL PROCEDURES FOR PEACE SUPPORT OPERATIONS.

3C4. ENHANCE THE INTEROPERABILITY AND COORDINATION OF TWO COMPANIES FROM DIFFERENT COUNTRIES CONDUCTING MEDICAL DISASTER RELIEF OPERATIONS IN A FIELD ENVIRONMENT.

3C5. ENHANCE READINESS TO PERFORM PEACE SUPPORT MISSIONS BY INCORPORATING LESSONS LEARNED FROM CURRENT OPERATIONS AND PREVIOUS EXERCISES.

3C6. IMPROVE THE INTEROPERABILITY OF PARTICIPANTS IN PEACE SUPPORT OPERATIONS.

3C7. PROVIDE AN OPPORTUNITY FOR MILITARY MEDICAL PERSONNEL OF BOTH COUNTRIES TO EXCHANGE BASIC PEACE SUPPORT OPERATIONS INFORMATION OF MUTUAL INTEREST.

3C8. BUILD TRUST, RESPECT AND MUTUAL UNDERSTANDING BETWEEN THE MILITARIES OF THE TWO PARTICIPATING NATIONS.

3C9. PROVIDE ADVANCED TRAUMA LIFE SUPPORT TRAINING TO LATVIAN MILITARY AND CIVILIAN DOCTORS.

4. EXERCISE AUTHORITIES. MEDCEUR 99-2 IS A JCS SPONSORED ISO

PFP EXERCISE. THE CONCEPT DEVELOPMENT CONFERENCE AND THE INITIAL PLANNING CONFERENCE WERE CONDUCTED 26-30 OCT 1998 AT THE ADAJI MILITARY TRAINING GROUNDS OUTSIDE RIGA LATVIA.

4A. USCINCEUR IS THE OFFICER SCHEDULING THE EXERCISE (OSE).

4B. CINCUSNAVEUR IS DESIGNATED AS THE OFFICER CONDUCTING THE EXERCISE (OCE). HE IS TO PLAN, CONDUCT, AND REPORT THE EXERCISE. HE WILL APPOINT AN OFFICER AS THE EXERCISE CO-DIRECTOR TO PROVIDE DIRECTION AND OVERSIGHT AND TO ASSESS THE RESULTS OF THE EXERCISE. HE WILL ACT IN CONCERT WITH THE LATVIAN CO-DIRECTOR.

4C. USEUCOM COMPONENTS WILL EXERCISE OPERATIONAL, TACTICAL, AND ADMINISTRATIVE CONTROL (OPCON, TACON, AND ADCON) OVER THEIR RESPECTIVE SERVICE PERSONNEL.

4D. THE U.S. EXERCISE CO-DIRECTOR, AS DESIGNATED BY NAVEUR, WILL EXERCISE ADMINISTRATIVE AUTHORITY OVER ALL U.S. PERSONNEL PARTICIPATING IN AND PROVIDING ON-SITE SUPPORT. HE SHALL BE GRANTED DIRECT LIAISON AUTHORITY (DIRLAUTH) WITH HQ USEUCOM, COMPONENT HEADQUARTERS, SUPPORTING COMMANDS, AND USDAO RIGA. HQ USEUCOM IS TO BE INFORMED OF ALL DIRLAUTH EXCHANGES THAT MIGHT CHANGE THE SPIRIT AND INTENT OF THE EXERCISE OR SPECIFIC GUIDELINES IN THIS OR OTHER APPLICABLE DIRECTIVES.

4E. THE U.S. EXERCISE CO-DIRECTOR WILL BE THE CHIEF REPRESENTATIVE FOR THE OCE AND WILL BE KNOWLEDGEABLE OF ALL EXERCISE ASPECTS. AS THE PRIMARY FACILITATOR HE WILL ENSURE THAT THE EXERCISE IS CONDUCTED TO MEET ALL TRAINING OBJECTIVES.

5. RESPONSIBILITIES. SUCCESSFUL EXECUTION OF MEDCEUR 99-2 REQUIRES A COHESIVE EFFORT BY A NUMBER OF AGENCIES. THIS SECTION DELINEATES RESPONSIBILITIES OF USEUCOM THEATER ASSETS AND SUPPORT REQUIRED FROM EXTERNAL AGENCIES.

5A. USEUCOM:

5A1. PROPONENT FOR POLICY OVERSIGHT FOR MEDCEUR 99-2. PROVIDE INPUT TO AND ASSIST THE JOINT STAFF WITH THE PLANNING FOR THE OVERALL U.S./LATVIAN EXERCISE PROGRAM (ECJ5)

5A2. PROPONENTS FOR THE EXECUTION OF MEDCEUR 99-2 (ECJ3 / ECJ4-MR).

5A3. SECURE STATUS OF FORCES AGREEMENT (SOFA), MEMORANDUM OF UNDERSTANDING (MOU) OR OTHER SUITABLE INTERIM AGREEMENTS FOR THE EXERCISE OR GUIDANCE ON CANCELLATION POLICY. (ECLA/ECJ5)

5A4. SECURE WAIVER FOR STANDARD ENTRY DOCUMENTS/PROCEDURES TO INCLUDE PASSPORTS, LANDING FEES, ETC. (ECJ3/5)

5A5. PLAN, SCHEDULE, AND MANAGE THE STRATEGIC DEPLOYMENT AND REDEPLOYMENT OF U.S. EQUIPMENT AND PERSONNEL TO AND FROM THE EXERCISE LOCATION. (ECJ3 / ECJ4-MR)

5A6. COORDINATE AND MANAGE FUNDING FOR ALL EXERCISE COSTS ASSOCIATED WITH STRATEGIC TRANSPORTATION. (ECJ3)

5A7. COORDINATE FUNDING TO U.S. EMBASSY RIGA FOR APPROPRIATE LATVIAN EXERCISE HOST REIMBURSEMENTS. (ECJ5/3/ECCM)

5A8. IN CONJUNCTION WITH LATVIA AND NAVEUR, DEVELOP VISITOR POLICY. PROVIDE GUIDANCE FOR THE VISITORS AND OBSERVERS BUREAU. (ECCS-P)

5A9. DELINEATE PUBLIC AFFAIRS POLICY AND MEDIA GUIDANCE. (ECPA)

5B. COMMANDER, NAVEUR:

5B1. PLAN AND EXECUTE MEDCEUR 99-2.

5B2. APPOINT AN EXERCISE CO-DIRECTOR.

5B3. COORDINATE WITH LATVIA THE ACTIONS OF THE VISITORS AND OBSERVERS BUREAU (VOB), TO INCLUDE SCHEDULING, TRANSPORTATION, BILLETING AND MESSING FOR DISTINGUISHED U.S. VISITORS. IN COORDINATION WITH THE LATVIAN MOD, PLAN AND CONDUCT A VISITOR'S DAY.

5B4. ENSURE COMMUNICATION IS MAINTAINED BETWEEN THE U.S. EXERCISE CO-DIRECTOR AND USEUCOM.

5B5. COORDINATE MEDIA PLAN, PROTOCOL ISSUES, AND ASSOCIATED COMMUNICATIONS REQUIREMENTS.

5B6. ENSURE INPUT OF ALL JOPES TPFDD REQUIREMENTS. JOPES DATA AIRLIFT VALIDATIONS ARE DUE TO EUCOM NLT 22 MAR 1999. FORCE MOD IS 4099A AND PID M2C.

5B7. COORDINATE WITH LATVIA TO DEVELOP EXERCISE SCENARIO AND EVENTS LIST TO MEET STATED EXERCISE OBJECTIVES.

5B8. COORDINATE WITH LATVIA FOR MOVEMENT OF U.S. VEHICULAR ASSETS, HAZARDOUS MATERIAL AND SECURITY PERSONNEL WITH THE VEHICLES.

5B9. COORDINATE WITH LATVIAN REPRESENTATIVES AND USE COM-ECPA TO DEVELOP DETAILED PUBLIC AFFAIRS PLAN.

5B10. PROVIDE JAAR TO USEUCOM NLT 30 SEPT 1999.

5B11. ENSURE THAT "PROTECTING THE FORCE" REMAINS THE HIGHEST PRIORITY DURING PLANNING AND EXERCISE EXECUTION.

5C. U.S. EXERCISE CO-DIRECTOR:

5C1. PROVIDE OVERALL COMMAND OF THE EXERCISE INCLUDING TACON OF ALL U.S. PERSONNEL PARTICIPATING IN AND PROVIDING ON-SITE SUPPORT TO THE EXERCISE.

5C2. COORDINATE DIRECTLY WITH USEUCOM, COMPONENT COMMANDS, AND USDAO RIGA TO SUCCESSFULLY EXECUTE THE EXERCISE.

5C3. PROVIDE DIRECTION AND OVERSIGHT TO THE EXERCISE.

5C4. COORDINATE VISITORS, MEDIA AND OBSERVERS DURING THE EXERCISE.

5C5. ASSESS RESULTS OF EXERCISE. PROVIDE ASSESSMENT TO NAVEUR FOR ENCLOSURE IN THE JAAR DUE TO USEUCOM NLT 30 SEPT 1999.

5C6. FORCE PROTECTION. (U) (APPLICABLE COMPONENT COMMANDER) IS RESPONSIBLE FOR THE FORCE PROTECTION OF ALL DOD FORCES DEPLOYED IN SUPPORT OF THIS EXERCISE. COORDINATE WITH THE CHIEFS OF MISSION (REGIONAL SECURITY OFFICER) AND THE UNITED STATES DEFENSE REPRESENTATIVE IN THE APPROPRIATE COUNTRY (IES) (DATT) FOR FORCE

PROTECTION REQUIREMENTS TO INCLUDE HOST NATION SUPPORT, THREAT INFORMATION UPDATE, AND ANY OTHER FORCE PROTECTION CONCERNS.

5C6.2. (U) (APPLICABLE COMPONENT COMMANDER) WILL COORDINATE ALL SECURITY FORCE ELEMENTS AS REQUIRED TO OPTIMIZE FORCE PROTECTION OF DOD FORCES. ADVANCED RECON ELEMENT FOR DEPLOYING UNITS SHOULD INCLUDE AN INTELLIGENCE OFFICER/NCO AND A PHYSICAL SECURITY INSPECTOR (OR FORCE PROTECTION OFFICER/NCO) TO CONDUCT A FORCE PROTECTION ASSESSMENT. THE FORCE PROTECTION ASSESSMENT WILL INCLUDE COORDINATION WITH HOST COUNTRY GOVERNMENT, CIVILIAN, AND MILITARY AUTHORITIES TO VALIDATE INTELLIGENCE UPDATE RECEIVED DURING PRE-DEPLOYMENT BRIEFINGS.

5C6.3. (U) ALL DEPLOYMENT/EXECUTION ORDERS FOR DOD PERSONNEL WILL INCLUDE COORDINATING INSTRUCTIONS THAT REQUIRE ALL DOD PERSONNEL TO COMPLY WITH, AT A MINIMUM, USCINCEUR AND (APPLICABLE COMPONENT COMMANDER) FORCE PROTECTION POLICIES. SUPPORTING CINCS, SERVICES, AND COMPONENTS WILL ENSURE ALL DEPLOYED FORCES COMPLY WITH FORCE PROTECTION DEPLOYMENT REQUIREMENTS AS OUTLINED IN USCINCEUR AT/FP OPOD 99-01, ANNEX C, APPENDIX 1 (AND TAB A TO APP 1), AND WITH POLICIES AND GUIDANCE SET BY (APPLICABLE COMPONENT COMMANDER). THIS INCLUDES ENSURING ALL DOD PERSONNEL DEPLOYED TO SUPPORT THIS OPERATION HAVE RECEIVED LEVEL I ANTITERRORISM/FORCE PROTECTION TRAINING TO INCLUDE COUNTRY SPECIFIC THREAT ASSESSMENT BRIEF. ACCESS TO USCINCEUR OPOD 99-01, FORCE PROTECTION BRIEFINGS, PREDEPLOYMENT REQUIREMENTS, AND FORCE PROTECTION GUIDANCE CAN BE FOUND ON USEUCOM/ECSM SECRET INTERNET PROTOCOL ROUTER NETWORK (SIPRNET) HOMEPAGE AT THE FOLLOWING ADDRESS:

[HTTP://WWW1.EUCOM.SMIL.MIL/ECSM/](http://WWW1.EUCOM.SMIL.MIL/ECSM/) (ALL LETTERS LOWERCASE).

5C6.4.(U) ENSURE COUNTRY AND THEATER CLEARANCE REQUESTS INDICATE THAT ALL PERSONNEL DEPLOYING HAVE RECEIVED REQUIRED LEVEL 1 AT/FP TRAINING. CLEARANCE REQUESTS SHOULD ALSO INDICATE THAT USCINCEUR IS RESPONSIBLE FOR THE SECURITY OF THE TEAMS WHILE IN USEUCOM THEATER.

5C6.5.(U) DIRLAUTH ALCON. SUPPORTING CINCS, SERVICES WILL COORDINATE DEPLOYMENT OF REQUIRED FORCE PROTECTION ASSETS TO DEPLOYED LOCATION. COORDINATE ALL NECESSARY DIPLOMATIC CLEARANCES, OVERFLIGHT AND OPERATING RIGHTS IAW THE FOREIGN CLEARANCE GUIDE AND OTHER APPROPRIATE DIRECTIVES PRIOR TO EXECUTION. KEEP USCINCEUR INFORMED.//

5D. SUPPORT REQUIRED FROM OTHER AGENCIES:

5D1. USTRANSCOM: IN CONJUNCTION WITH EUCOM ECJ37, SCHEDULE VALIDATED U.S. TRANSPORTATION REQUIREMENTS.

5D2. AMC AND AMC TALCE:

5D2A. CONDUCT AND CONTROL THE OFFLOAD/ONLOAD OF AIRLIFT AIRCRAFT AT THE DEPLOYMENT LOCATION.

5D2B. PROVIDE SUFFICIENT PERSONNEL TO MEET TALCE REQUIREMENTS AT THE

DEPLOYMENT LOCATION TO INCLUDE TALCE CADRE, AERIAL PORT, AIRCRAFT MAINTENANCE, AND LATVIAN INTERPRETER PERSONNEL.

5D2C. DEPLOY WITH SUFFICIENT MATERIAL HANDLING EQUIPMENT, GROUND EQUIPMENT, AND RELATED SUPPORT EQUIPMENT NECESSARY TO MEET OFFLOAD/ONLOAD REQUIREMENTS AT THE DEPLOYMENT LOCATION.

5D2D. PROVIDE COMMAND AND CONTROL COMMUNICATIONS FOR AIRLIFT OPERATIONS.

5D2E. COORDINATE ALL COUNTRY CLEARANCE FOR TALCE PERSONNEL IAW THE FOREIGN CLEARANCE GUIDE AND EXERCISE DIRECTIVES.

5D3. USDAO RIGA:

5D3A. SERVE AS LIAISON BETWEEN USEUCOM AND THE LATVIAN MILITARY AS APPROPRIATE.

5D3B. ASSIST WITH OBTAINING COUNTRY CLEARANCES FOR ALL PERSONNEL PARTICIPATING IN THE EXERCISE AND THOSE VISITORS COMING TO SEE THE EXERCISE.

5D3C. COORDINATE FOR REIMBURSEMENT WITH THE LATVIAN MOD FOR ANY PFP FUNDING (WARSAW INITIATIVE FUNDS) UTILIZED TO HOST THE EXERCISE.

5D3D. ASSIST IN OBTAINING CLEARANCE TO USE RIGA INTERNATIONAL AIRFIELD FOR ALL U.S. DEPLOYMENT/REDEPLOYMENT.

5D3E. FACILITATE THE APPROVAL OF THE SOFA OR DIPLOMATIC NOTE TO COVER THIS EXERCISE.

5D4. JOINT STAFF:

5D4A. PROVIDE GUIDANCE ON AND IDENTIFY U.S. NATIONAL MILITARY VISITORS.

5D4B. CONVENE STEERING GROUP AS REQUIRED TO RESOLVE ISSUES CONCERNING THE EXERCISE.

5D4C. COORDINATE AND PROVIDE GENERAL PUBLIC AFFAIRS GUIDANCE FOR THE EXERCISE. PROVIDE INTERAGENCY COORDINATION/APPROVAL OF FORWARDED PUBLIC AFFAIRS PLAN.

5D4D. RESOLVE ISSUES WITH LATVIAN CONCERNING SOFA/DIPLOMATIC EXCHANGE NOTES.

5D5. USAF:

5D5A. SUPPORT MEDICAL AND EMERGENCY EVACUATION OPERATIONS AS NECESSARY.

6. EXERCISE REPORTING REQUIREMENTS:

6A. THE U.S. EXERCISE CO-DIRECTOR WILL PROVIDE VERBAL EXERCISE UPDATES DAILY DURING THE EXERCISE PHASE TO USEUCOM'S EUROPEAN THEATER COMMAND CENTER (ETCC). IN ADDITION, THE FOLLOWING EVENTS REQUIRE WRITTEN REPORTS:

(1) COMPLETION OF DEPLOYMENT

(2) COMPLETION OF EXERCISE PHASES

(3) COMPLETION OF REDEPLOYMENT

(4) SITREPS AS REQUIRED BY SIGNIFICANT EVENTS (SECDEF AND JCS VISIT)

6B. AN ABBREVIATED JOINT AFTER ACTION REPORT (JAAR) MUST BE

SUBMITTED TO USEUCOM FROM NAVEUR WITHIN 45 DAYS AFTER ENDEX FOR APPROVAL AND SUBMISSION TO THE JOINT STAFF.

6C. A PRE-EXERCISE BRIEF WILL BE PREPARED BY THE U.S. EXERCISE CO-DIRECTOR HIGHLIGHTING OBJECTIVES, FORCES, SCENARIO, TIMELINE AND KEY ISSUES. THIS BRIEF WILL BE UPDATED AFTER THE EXERCISE TO INCLUDE A REVIEW OF THE EXERCISE, FOLLOW-ON EXERCISE RECOMMENDATIONS AND LESSONS LEARNED. THE U.S. EXERCISE CO-DIRECTOR OR DESIGNATED REPRESENTATIVE WILL BE PREPARED TO BRIEF THE EXERCISE AS REQUIRED.

7. POC: LCDR DUGAN, ECJ37, DSN 430-4162.